# Directorio de Proveedores



## Medi-Cal

Condado de San Diego | October 2022

blue california | Promise Health Plan

# Asistencia en distintos idiomas

**English**
ATTENTION: If you need help in your language call 1-855-699-5557 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-699-5557 (TTY: 711). These services are free of charge.

**الشعار بالعربية (Arabic)**
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-855-699-5557 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-855-699-5557 (TTY: 711). هذه الخدمات مجانية.

**Հայերեն (Armenian)**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-855-699-5557 (TTY՝ 711) հեռախոսահամարով: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-855-699-5557 (TTY՝ 711) հեռախոսահամարով: Այդ ծառայություններն անվճար են:

**ឃ្លាសំគាល់ភាសាខ្មែរ (Cambodian)**
ចំណាំ៖ បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរប្រ៊ែល សំរាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរពុម្ពធំៗ ក៏មានដែរ។ ទូរស័ព្ទមកលេខ 1-855-699-5557 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃឡើយ។

**中文 (Chinese)**
请注意：如果您需要以您的母语提供帮助，请致电1-855-699-5557（TTY: 711）。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电1-855-699-5557（TTY: 711）。这些服务都是免费的。

**فارسی Farsi**
توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-855-699-5557 (TTY: 711) تماس بگیرید.
کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-855-699-5557 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

**भाषा (Hindi)**
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-855-699-5557 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-855-699-5557 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

**Hmoob (Hmong)**
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-855-699-5557 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-855-699-5557 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

**日本語 (Japanese)**
注意日本語での対応が必要な場合は1-855-699-5557 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。
1-855-699-5557 (TTY: 711) へお電話ください。これらのサービスは無料で提供していますへお電話ください。これらのサービスは無料で提供しています。

**한국어(Korean)**
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-855-699-5557 (TTY: 711)번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-855-699-5557 (TTY: 711)번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ພາສາລາວ (Laotian)**
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ຍ້ງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະ ມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mienh (Mien)**
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-855-699-5557 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-855-699-5557 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ਪੰਜਾਬੀ (Punjabi)**
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-699-5557 (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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**Русский (Russian)**
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-855-699-5557 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-855-699-5557 (линия TTY: 711). Такие услуги предоставляются бесплатно.

**Español (Spanish)**
ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-855-699-5557 (TTY: 711). Para las personas con discapacidades, también hay asistencia y servicios gratuitos disponibles, como documentos en braille y letra grande. Llame al 1-855-699-5557 (TTY: 711). Estos servicios son gratuitos.

**Tagalog (Tagalog)**
PAUNAWA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-855-699-5557 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking titik. Tumawag sa 1-855-699-5557 (TTY: 711). Libre ang mga serbisyong ito.

**ภาษาไทย (Thai)**
**โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-699-5557 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-699-5557 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้**

**ภาษาไทย (Ukrainian)**
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-855-699-5557 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-855-699-5557 (TTY: 711). Ці послуги безкоштовні.

**Tiếng Việt (Vietnamese)**
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-855-699-5557 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-855-699-5557 (TTY: 711). Các dịch vụ này đều miễn phí.



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

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# A. Introducción

Gracias por elegir Blue Shield of California Promise Health Plan. Este Directorio de Proveedores incluye una lista de las clínicas, los médicos, los hospitales, las farmacias y otros tipos de proveedores que forman parte de Blue Shield Promise Health Plan.

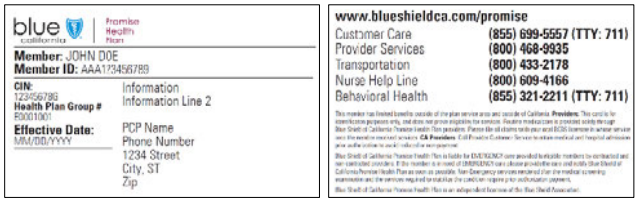
Cuando se inscribe en Blue Shield of California Promise Health Plan, es importante que elija un médico de atención primaria (PCP, por sus siglas en inglés) para cada miembro. Si no elige un PCP, Blue Shield Promise elegirá uno por usted. Su PCP es el médico con el que usted se atenderá cuando necesite atención preventiva y cuando se enferme. Cuando sea necesario, su PCP le dirá que vaya a un médico especialista o a otro proveedor que tenga una especialidad. El PCP atiende sus necesidades de atención de la salud y trabaja con los miembros para ayudarlos a mantenerse saludables.

### Cómo cambiar de PCP

Usted puede cambiar de PCP en cualquier momento; para hacerlo, llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: **711**]. Los cambios se aplicarán el primer día del próximo mes. También puede visitar nuestro sitio web en **blueshieldca.com/promise**.

Como miembro de Blue Shield of California Promise Health Plan, recibirá una tarjeta de identificación de miembro como la que aparece en esta página. Deberá mostrar su tarjeta de identificación cada vez que vaya al médico, obtenga sus medicamentos recetados, use la sala de emergencias o vaya al oculista. Tenga siempre esta tarjeta con usted. Cuando reciba su tarjeta de identificación, asegúrese de que los datos sean correctos. Si no lo son, llame a Atención al Cliente de Blue Shield of California Promise Health Plan al **(855) 699-5557**.

**Guarde su tarjeta de Medi-Cal (BIC); la necesitará cuando vaya a su dentista de Medi-Cal y para obtener otros servicios de atención de la salud que Blue Shield of California Promise Health Plan no cubre.**




### Servicios de farmacia a través de Medi-Cal Rx

El Departamento de Servicios de Atención Médica (DHCS) administra los servicios de farmacia para los miembros de Medi-Cal. Para servicios de farmacia, puede llamar a Medi-Cal Rx Call
Línea central (1-800-977-2273)

Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

veinticuatro horas al día, siete días a la semana o
711 para TTY, de lunes a viernes, de 8 a.m. a 5 p.m.)La mayoría de las farmacias aceptan Med-Cal Rx. Puede comunicarse con la Línea de ayuda para miembros de Medi-Cal (1-800-541-5555, TTY 1-800-430-7077) para preguntar si su farmacia aceptará Medi-Cal Rx. Si necesita ayuda para encontrar una farmacia, use el localizador de farmacias de Medi-Cal Rx en línea en www.Medi-CalRx.dhcs.ca.gov o llame a la línea del centro de llamadas de Medi-Cal Rx al 1-800-977-2273.

### Cómo usar este Directorio

Puede usar este Directorio de Proveedores para elegir un PCP contratado de Blue Shield Promise. Los PCP y los especialistas, hospitales y otros proveedores de servicios de apoyo están ordenados alfabéticamente por ciudad. En la sección "Red de proveedores de Blue Shield Promise", encontrará información sobre cómo leer las secciones de listas de proveedores y buscar la información importante que necesite sobre cada proveedor.

### Información importante sobre las listas del Directorio

Este Directorio de Proveedores está actualizado a la fecha que aparece en la portada. Es posible que se hayan agregado o quitado PCP después de la impresión de este Directorio. No garantizamos que todos los PCP aún acepten miembros nuevos. Para obtener la información más actualizada sobre los PCP en su área, puede visitar **blueshieldca.com/promise** o llamar gratis a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** [TTY: **711**]. O visite nuestra oficina de lunes a viernes, de 8:00 a. m. a 6:00 p. m. No es necesario tener una cita previa. Nuestro personal cuenta con miembros que hablan su idioma. También puede visitar nuestro sitio web en **blueshieldca.com/promise**.

### Divulgaciones y otra información importante

Algunos proveedores y hospitales no ofrecen uno o más de los siguientes servicios que quizá estén cubiertos por su plan de salud y que usted podría necesitar: planificación familiar; servicios de anticoncepción, incluida la anticoncepción de emergencia; esterilización, incluida la ligadura de trompas inmediatamente después del parto; tratamientos por esterilidad; o aborto, entre otros. Comuníquese con Atención al Cliente de Blue Shield Promise al **(855) 699-5557** para asegurarse de que puede obtener los servicios de atención de la salud que necesita.

Para obtener más información sobre nuestros proveedores, incluida la información sobre sus estudios académicos y su experiencia (por ejemplo, la facultad de medicina a la que fueron, las residencias que hicieron y la matrícula profesional que tienen), llame a Atención al Cliente de Blue Shield Promise o use la herramienta de búsqueda de proveedores disponible en nuestro sitio web en **blueshieldca.com/promise**.

Es posible que necesite autorizaciones o referencias para tener acceso a algunos proveedores.



Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

Blue Shield Promise brinda acceso completo e igualitario a los servicios cubiertos, incluso para los inscritos que tienen alguna discapacidad. Todos los proveedores reciben y deben hacer un entrenamiento en competencia cultural.

**Servicios de intérpretes**

Para facilitarle las cosas, Blue Shield Promise brinda los siguientes servicios:

- Personal bilingüe para brindarle ayuda en su idioma.
- Servicios de intérpretes, incluso en lenguaje de señas estadounidense, para todas sus necesidades de atención de la salud, sin costo para usted. No tiene que pedirles a sus amigos o familiares que hagan de intérpretes. Usted puede obtener servicios de intérpretes las 24 horas, cualquier día de la semana, para lo siguiente:

  **Servicios médicos:** visitas al médico, servicios fuera del horario de atención, servicios de atención urgente, servicios de farmacias y clases de educación sobre la salud.

  **Servicios no médicos:** servicio al cliente, quejas de los miembros y reuniones informativas para miembros.

- Materiales en otros formatos, como braille, audio o letra grande.

Solo debe llamar a su grupo médico o a Atención al Cliente de Blue Shield Promise. Si ya hizo una cita, asegúrese de pedir un intérprete al menos diez (10) días hábiles antes de su cita.

Llame a Atención al Cliente de Blue Shield Promise al **(855) 699-5557** (TTY 711). El horario de atención de Blue Shield Promise es de lunes a viernes, de 8:00 a. m. a 6:00 p. m. La llamada es gratis. O llame a la línea de retransmisión de California al 711. Visítenos en Internet en blueshieldca.com/promise/medi-cal. La información incluida en el Directorio de Proveedores puede cambiar.

## AVISO DE NO DISCRIMINACIÓN

La discriminación va contra la ley. Blue Shield of California Promise Health Plan cumple con las leyes federales y estatales de derechos civiles. Blue Shield of California Promise Health Plan no discrimina de manera ilícita, no excluye personas onilas trata de manera diferente debido a su sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

Blue Shield of California Promise Health Plan proporciona:

- Asistencia y servicios gratuitos a las personas con discapacidades para ayudarlas a que se comuniquen mejor, como por ejemplo:
  - ✓ Intérpretes de lenguaje de señas capacitados
  - ✓ Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como por ejemplo:
  - ✓ Intérpretes capacitados
  - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. Llame a Atención al Cliente en su región:

**(800) 605-2556 (Los Angeles)**
**(855) 699-5557 (San Diego)**

Si no puede oír o hablar bien, llame al **TTY: 711**. Si usted lo solicita, este documento puede estar disponible para usted en braille, letra grande, cinta de audio o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, llame o escriba a:

Blue Shield of California Promise Health Plan Customer Care
601 Potrero Grande Dr., Monterey Park, CA 91755
(800) 605-2556 (Los Angeles)
(855) 699-5557 (San Diego)
TTY: 711



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## CÓMO PRESENTAR UNA QUEJA

Si usted cree que Blue Shield of California Promise Health Plan no ha brindado estos servicios o ha cometido una discriminación ilícita de alguna otra manera, por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con un grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, usted puede presentar una queja ante el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan. Puede presentar una queja por teléfono, por escrito, personalmente o por vía electrónica:

- Por teléfono: Comuníquese con el Coordinador de Derechos Civiles de Blue Shield of California Promise Health Plan, de lunes a viernes, de 8:00 a.m. a 6:00 p.m., llamando al (844) 883-2233. Si usted no puede oír o hablar bien, llame a la línea TYY/TDD 711.

- Por escrito: Llene un formulario de queja o escriba una carta, y envíelo(a) a:

  Blue Shield of California Promise Health Plan Civil Rights Coordinator
  601 Potrero Grande Dr.
  Monterey Park, CA 91755

- En persona: Vaya al consultorio de su médico o a Blue Shield of California Promise Health Plan y diga que desea presentar una queja.

- Por vía electrónica: Visite el sitio web de Blue Shield of California Promise Health Plan www.blueshieldca.com/promise/medi-cal.

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## OFICINA DE DERECHOS CIVILES (OFFICE OF CIVIL RIGHTS) – DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA (CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California. Puede hacerlo por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **916-440-7370**. Si no puede hablar u oír bien, llame al **711 (Servicio de Retransmisión de Telecomunicaciones)**.

- Por escrito: Llene un formulario de queja o envíe una carta a:

**U.S. Department of Health and Human Services**
**200 Independence Avenue, SW**
**Room 509F, HHH Building**
**Washington, D.C. 20201**

Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

Por vía electrónica: Visite el Portal de Quejas de la Oficina de Derechos Civiles en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.



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# Red de proveedores de Blue Shield Promise

## Definiciones e información general

**Asociación de Práctica Independiente (IPA, por sus siglas en inglés):** Es un modelo de atención de la salud que tiene un contrato con un grupo de médicos para que brinden servicios de atención de la salud.

**Clínica comunitaria:** Es una clínica sin fines de lucro que brinda servicios de atención de la salud a los miembros de Blue Shield Promise.

**Centro de salud federalmente calificado (FQHC, por sus siglas en inglés):** Es una organización comunitaria que brinda atención primaria y preventiva a personas de todas las edades, sin importar si pueden pagar o si tienen un seguro de salud.

**Grupo médico:** Es un grupo de médicos que brindan servicios de atención de la salud a los miembros de Blue Shield Promise.

**Hospital:** Blue Shield Promise tiene un contrato con muchos hospitales. Compruebe que el hospital del médico de atención primaria que desea elegir esté afiliado.

**Médico de atención primaria (PCP):** Como miembro de Blue Shield Promise, usted debe elegir un PCP para que se ocupe de sus necesidades generales de atención de la salud. Si no elige un PCP, elegiremos uno por usted. Todos los PCP están ordenados por ciudad. Usted puede elegir cualquiera de los siguientes tipos de médicos:

- Médicos de medicina interna
- Médicos familiares y generales
- Obstetras y ginecólogos
- Pediatras

**Médicos de medicina interna:** Son médicos que brindan atención a personas adultas mayores de 18 años.

**Médicos familiares y generales:** Son médicos que brindan atención a niños y adultos.

**Obstetras y ginecólogos:** Son médicos especializados en atención de la salud para la mujer y en atención por maternidad.

**Pediatras:** Son médicos que brindan atención a niños de hasta 18 años.



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## Indicadores de accesibilidad física en el Directorio de Proveedores

A continuación, encontrará información sobre las necesidades básicas de acceso para adultos mayores y personas con discapacidad (SPD, por sus siglas en inglés) cuando visita el consultorio del médico. Sabemos que los miembros pueden tener distintas necesidades. Por eso, les pedimos que llamen al consultorio del médico para hablar sobre sus necesidades de acceso.

**E = Sala de exámenes**

La entrada a la sala de exámenes es accesible y no tiene obstáculos. Las puertas son amplias y fáciles de abrir, para permitir el acceso de una silla de ruedas o un scooter. La sala de exámenes tiene espacio suficiente para una silla de ruedas o un scooter.

**EB = Instalaciones externas**

Las rampas en el cordón de la acera y las otras rampas del edificio son anchas y permiten el acceso de personas en silla de ruedas o scooter. Hay pasamanos en ambos lados de la rampa. El edificio tiene una entrada "accesible". Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar.

**IB = Instalaciones internas**

Las puertas son amplias para permitir el ingreso de personas en silla de ruedas o scooter, y tienen picaportes fáciles de usar. Las rampas internas son anchas y tienen pasamanos. Las escaleras, si las hay, tienen pasamanos. Si hay elevadores, están disponibles para los pacientes y el público en general durante todo el tiempo que está abierto el edificio. Además, tienen sonidos fáciles de oír y botones en braille al alcance de la mano, como también espacio suficiente para que las personas en silla de ruedas o scooter puedan girar. Si hay una plataforma elevadora, es posible usarla sin necesidad de obtener ayuda.

**P = Estacionamiento**

Los espacios para estacionar, incluidos los espacios para camionetas, son accesibles. Los caminos y las entradas que conectan el estacionamiento, el consultorio y los puntos para dejar y recoger personas tienen rampas en los cordones.

**R = Baño**

El baño es accesible, y las puertas son amplias y fáciles de abrir para permitir el acceso de una silla de ruedas o un scooter. Además, el baño tiene espacio suficiente para que las personas en silla de ruedas o scooter puedan girar y cerrar la puerta. Hay barras de seguridad para que las personas puedan moverse de la silla de ruedas o el scooter al inodoro, y viceversa. El lavabo está en un lugar accesible, y los grifos, el jabón y el papel higiénico están al alcance de la mano.

**T = Camilla y balanza**

La camilla tiene un mecanismo que permite elevarla o bajarla, y la balanza es accesible y tiene pasamanos que sirven de ayuda a las personas en silla de ruedas o scooter. La balanza tiene espacio para silla de ruedas.

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## Explicaciones de los códigos de accesibilidad

**P: Estacionamiento**

**EB: Instalaciones externas**

**IB: Instalaciones internas**

**W: Silla de ruedas**

**R: Baño**

**E: Sala de exámenes**

**T: Camilla y balanza**



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## Cómo leer las listas de proveedores

La siguiente información puede ayudarlo a elegir su PCP.

1. Especialidad médica del proveedor
2. Nombre del proveedor, Tipo de licencia
3. N.º de id. del proveedor
4. Sexo del proveedor
5. Número de licencia del proveedor
6. Número de identificación de proveedor nacional (NPI, por sus siglas en inglés) del proveedor
7. Idiomas que hablan el proveedor y el personal
8. Entrenamiento en competencia cultural
9. Hospitales afiliados
10. Especialidad según matrícula profesional:
11. Nombre del FQHC/grupo médico
12. Dirección del proveedor
13. Número de teléfono del proveedor
14. N.º de fax del proveedor
15. Sitio web del proveedor
16. Dirección de correo electrónico del proveedor
17. Panel abierto de Medi-Cal:
18. Edad mín./máx.:
19. Acceso al edificio para personas con discapacidad
20. Horario de atención del proveedor

**Ejemplo:**

1. Pediatría
2. Doe, Jane, Doctor en Medicina (MD)
3. N.º de id. del proveedor: 00A2123456
4. Mujer
5. N.º de licencia: 00A123456
6. NPI: 0123456789
7. Inglés, español, vietnamita, farsi, coreano, chino, árabe
8. Sí
9. Good Samaritan Hospital
10. Pediatría
11. Northeast County Community Clinic
12. 601 Potrero Grande Drive, Monterey Park, CA 91755
13. (855) 699-5557
14. (855) 699-5557
15. www.northeastclinic.com
16. doctordoe@gmail.com
17. Sí/No
18. 0-18
19. Limitado. P, EB, IB, E
20. L a V, 8 A. M. - 5 P. M.

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# Reglas para recibir atención a tiempo

| Tipo de cita | Debe tener la cita dentro de |
|---|---|
| Citas para recibir atención urgente que no necesitan autorización previa | 48 horas |
| Citas para recibir atención urgente que sí necesitan autorización previa | 96 horas |
| Citas que no son urgentes para recibir atención primaria | 10 días hábiles |
| Citas que no son urgentes para recibir atención de especialistas | 15 días hábiles |
| Citas que no son urgentes para recibir atención de un proveedor de la salud mental (personal no médico) | 10 días hábiles |
| Citas que no son urgentes para recibir servicios auxiliares para el diagnóstico o el tratamiento de lesiones, enfermedades u otros problemas de salud | 15 días hábiles |
| Tiempo de espera en el teléfono durante el horario de atención habitual | 10 minutos |
| Triaje y servicios de atención las 24 horas, todos los días | Servicios de atención las 24 horas, todos los días; no más de 30 minutos |



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# B. Clínicas de salud federalmente calificadas

## ALPINE

**SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE**
*Provider ID:* 517802
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*License number*: 090000681
*NPI:* 1770124315
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.mtnhealth.org
*Email:*

**SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC**
*Provider ID:* 541825
2733 ALPINE BLVD STE 200
ALPINE, CA 91901-2253
*Phone:* (619) 445-5664
*Fax:* (619) 445-3531
*After Hours Phone:* (619) 445-5664
*License number*: 550002514
*NPI:* 1770178444
*Accepting New Patients:* Yes
*Min/Max Age:* 0/18
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.syhealth.org
*Email:*

## BORREGO SPRINGS

**BORREGO MEDICAL CLINIC**
*Provider ID:* 185179
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*License number*: 080000651
*NPI:* 1134144165
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Borrego Community Health Foundtion
*Website:*
*Email:*

## CAMPO

**SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE**
*Provider ID:* 519686
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*License number*: 090000660
*NPI:* 1174164719
*Accepting New Patients:* Yes
*Min/Max Age:* 0/120
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## CARLSBAD

**TRUECARE**
*Provider ID:* 480120
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 720-7766
*License number*: 080000630
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-2PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern

# B. Clínicas de salud federalmente calificadas

California
*Website:*
*Email:*

## CHULA VISTA

**CHULA VISTA FAMILY HLTH CTR**
*Provider ID:* 206355
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:* (619) 397-1161
*After Hours Phone:* (619) 515-2500
*License number*:
*NPI:* 1346480837
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**CHULA VISTA PEDIATRICS**
*Provider ID:* 482034
855 3RD AVE STE 2200
CHULA VISTA, CA 91911-1353
*Phone:* (619) 662-4100
*Fax:* (619) 662-4196
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1326486861
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**FAMILY HLTH CTR SAN DIEGO-RICE FAM HC**
*Provider ID:* 417641
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:* (619) 420-0660
*After Hours Phone:* (619) 515-2325
*License number*: 550002305
*NPI:* 1083959464
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**OTAY FAMILY HEALTH CLINIC**
*Provider ID:* 314546
1637 3RD AVE STE H
CHULA VISTA, CA 91911-5823
*Phone:* (619) 662-4100
*Fax:* (619) 336-2323
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1922051812
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH CHULA VISTA**
*Provider ID:* 427322
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1326486861
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

*Email:*

## EL CAJON

**CENTRO MEDICO EL CAJON**
*Provider ID:* 478971
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 873-8940
*License number*: 550000430
*NPI:* 1154480069
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SU 8AM-8PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Borrego Community Health Foundtion
*Website:*
*Email:*

**CHASE AVENUE FAMILY HEALTH CTRS INC**
*Provider ID:* 206354
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 593-7164
*After Hours Phone:* (619) 515-2499
*License number*:
*NPI:* 1104861681
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HLTH CTR SAN DIEGO-EL CAJON**
*Provider ID:* 418340
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:* (619) 269-0191
*After Hours Phone:* (619) 515-2498
*License number*: 550003553
*NPI:* 1932561198
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**LA MAESTRA CHC EL CAJON BROADWAY**
*Provider ID:* 418501
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:* (619) 795-5992
*After Hours Phone:* (619) 795-5991
*License number*: 550003567
*NPI:* 1134590086
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* La Maestra Family Clinic
*Website:* www.lamaestra.org
*Email:*

**LA MAESTRA FAMILY CLINIC INC**
*Provider ID:* 185267
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:* (619) 749-5480
*After Hours Phone:* (619) 312-0347
*License number*:
*NPI:* 1336353721
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* La Maestra Family Clinic
*Website:* www.lamaestra.org
*Email:*

**NEIGHBORHOOD HEALTHCARE EL CAJON**
*Provider ID:* 206272
855 E MADISON AVE
EL CAJON, CA 92020-3819

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

*Phone:* (619) 440-2751
*Fax:* (360) 462-2746
*After Hours Phone:* (619) 440-2751
*License number*: 090000156
*NPI:* 1760667950
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH EL CAJON**
*Provider ID:* 569910
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*License number*: 550002514
*NPI:* 1568845741
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## ENCINITAS

**TRUECARE**
*Provider ID:* 480243
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 753-7842
*License number*: 080000638
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## ESCONDIDO

**CENTRO MEDICO ESCONDIDO**
*Provider ID:* 419344
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:* (858) 634-6918
*After Hours Phone:* (760) 871-0606
*License number*: 550001260
*NPI:* 1023349883
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W*Medical Group/IPA:* Borrego Community Health Foundtion
*Website:* n
*Email:*

**NEIGHBORHOOD HEALTHCARE ESCONDIDO**
*Provider ID:* 206270
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (360) 462-2752
*After Hours Phone:* (760) 520-8100
*License number*: 080000397
*NPI:* 1598703647
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**NEIGHBORHOOD HEALTHCARE GRAND AVE**
*Provider ID:* 206269
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*License number*: 080000397
*NPI:* 1487826772
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**NEIGHBORHOOD HEALTHCARE GRAND AVE**
*Provider ID:* 206269
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*License number*: 080000483
*NPI:* 1487826772
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**NEIGHBORHOOD HEALTHCARE GRAND AVE**
*Provider ID:* 206269
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*License number*: 550000697
*NPI:* 1487826772
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**
*Provider ID:* 424775
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:* (360) 462-2747
*After Hours Phone:* (760) 690-5900
*License number*: 550000511
*NPI:* 1437335353
*Accepting New Patients:* Yes
*Min/Max Age:* 0/21
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL**
*Provider ID:* 206266
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8340
*Fax:* (360) 462-2752
*After Hours Phone:* (760) 520-8340
*License number*:
*NPI:* 1265618185
*Accepting New Patients:* Yes
*Min/Max Age:* 0/21
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**
*Provider ID:* 206271
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 737-6900
*Fax:* (360) 462-2748
*After Hours Phone:* (760) 737-6900
*License number*: 080000158
*NPI:* 1720264641
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W*Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**
*Provider ID:* 588941
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:* (619) 662-7952
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1801438239
*Accepting New Patients:* Yes
*Min/Max Age:* 0/120
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## FALLBROOK

**FALLBROOK FAMILY HLTH CTR**
*Provider ID:* 183910
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4720
*Fax:* (760) 451-4700
*After Hours Phone:* (760) 451-4720
*License number*: 080000150
*NPI:* 1982756086
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-SA 8AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## IMPERIAL BEACH

**IMPERIAL BEACH HEALTH CENTER**
*Provider ID:* 179678
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*License number*: 090000119
*NPI:* 1790718351
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## JULIAN

**JULIAN MEDICAL CENTER**
*Provider ID:* 185180
2721 WASHINGTON ST
JULIAN, CA 92036-9233
*Phone:* (760) 765-1223
*Fax:* (760) 765-1278
*After Hours Phone:* (760) 765-1223
*License number*: 080000651
*NPI:* 1700946969
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Borrego Community Health Foundtion
*Website:*
*Email:*

## LA MESA

**LA MESA PEDIATRICS**
*Provider ID:* 480827

8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*License number*: 550000430
*NPI:* 1033759311
*Accepting New Patients:* Yes
*Min/Max Age:* 0/21
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* W*Medical Group/IPA:* Borrego Community Health Foundtion
*Website:*
*Email:*

## LAKESIDE

**NEIGHBORHOOD HEALTHCARE LAKESIDE**
*Provider ID:* 353843
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:* (360) 462-2744
*After Hours Phone:* (858) 218-3000
*License number*: 080000483
*NPI:* 1932384120
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## LEMON GROVE

**LEMON GROVE FAMILY HEALTH CENTER**
*Provider ID:* 419139
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:* (619) 825-9577
*After Hours Phone:* (619) 515-2550
*License number*: 550001268
*NPI:* 1427282466
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, T*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:*
*Email:*

## NATIONAL CITY

**FAMILY HEALTH CTR SD NATIONAL CITY**
*Provider ID:* 418930
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2399
*License number*: 550000465
*NPI:* 1417409228
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**LA MAESTRA FAMILY CLINIC INC**
*Provider ID:* 185270
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7310
*After Hours Phone:* (619) 434-7308
*License number*:
*NPI:* 1336353721
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, W*Medical Group/IPA:* La

# B. Clínicas de salud federalmente calificadas

Maestra Family Clinic
*Website:* www.lamaestra.org
*Email:*

**OPERATION SAMAHAN - NATIONAL C**
*Provider ID:* 417102
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (619) 474-3919
*After Hours Phone:* (844) 200-2426
*License number*: 090000183
*NPI:* 1801907449
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Lao, Spanish
*Cultural Competency:* No
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**OPERATION SAMAHAN GRANGER SCHOOL BASED**
*Provider ID:* 418302
2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
*Phone:* (844) 200-2426
*Fax:* (619) 434-8999
*After Hours Phone:* (844) 200-2426
*License number*: 550002622
*NPI:* 1205134517
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**SAN YSIDRO HEALTH NATIONAL CITY**
*Provider ID:* 227412
1136 D AVE
NATIONAL CITY, CA
91950-3412
*Phone:* (619) 662-4100
*Fax:* (619) 336-2323
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1003869363
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH PARADISE HILLS**
*Provider ID:* 227418
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1598907487
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH SOUTH BAY**
*Provider ID:* 361428
330 E 8TH ST
NATIONAL CITY, CA
91950-2312
*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1851757215
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical*

*Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**OCEANSIDE**

**TRUECARE**
*Provider ID:* 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-4566
*License number*: 080000240
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-SA 8AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical*
*Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**TRUECARE**
*Provider ID:* 480247
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 966-3306
*License number*: 080000531
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-4:30PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical*
*Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**TRUECARE**
*Provider ID:* 480247
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 966-3306
*License number*: 080000637
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-4:30PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical*
*Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**TRUECARE**
*Provider ID:* 480315
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 433-3155
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 433-3155
*License number*: 080000240
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical*
*Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**VISTA COMMUNITY CLINIC**
*Provider ID:* 206341
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000002
*NPI:* 1316501562
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical*
*Group/IPA:* Ihp Of Southern California
*Website:*
www.vistacommunityclinic.org
*Email:*

**VISTA COMMUNITY CLINIC**
*Provider ID:* 206341

4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000002
*NPI:* 1851300123
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.vistacommunityclinic.org
*Email:*

**VISTA COMMUNITY CLINIC HORNE STREET**
*Provider ID:* 402436
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000745
*NPI:* 1437245412
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**VISTA COMMUNITY CLINIC PIER VIEW WAY**
*Provider ID:* 402434
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000510
*NPI:* 1649363375
*Accepting New Patients:* No
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## POWAY

**NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER**
*Provider ID:* 481187
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:* (360) 462-2742
*After Hours Phone:* (858) 218-3000
*License number*: 550004321
*NPI:* 1023518768
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## PAUMA VALLEY

**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY**
*Provider ID:* 206267
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
*Phone:* (760) 742-9919
*Fax:* (858) 633-4696
*After Hours Phone:* (760) 742-9919
*License number*: 080000611
*NPI:* 1407031693
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

# B. Clínicas de salud federalmente calificadas

## RAMONA

**TRUECARE**
*Provider ID:* 449438
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*License number*: 080000149
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## SAN DIEGO

**CITY HEIGHTS FAMILY HEALTH CENTERS INC**
*Provider ID:* 206353
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:* (619) 546-9800
*After Hours Phone:* (619) 515-2400
*License number*:
*NPI:* 1023054004
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**
*Provider ID:* 206363
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:* (619) 263-2499
*After Hours Phone:* (619) 515-2560
*License number*:
*NPI:* 1982747671
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**DOWNTOWN FAMILY CTR AT CONNECTIONS**
*Provider ID:* 417782
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:* (619) 578-2410
*After Hours Phone:* (619) 515-2430
*License number*: 550002251
*NPI:* 1588901045
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HEALTH CTR IBARRA**
*Provider ID:* 417987
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:* (619) 255-8002
*After Hours Phone:* (619) 515-2426
*License number*: 550003108
*NPI:* 1477953933
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HEALTH CTR OF SD-ELM ST**
*Provider ID:* 419167

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:* (619) 231-0431
*After Hours Phone:* (619) 515-2520
*License number*: 550002061
*NPI:* 1316419070
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* IB, E, R*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HEALTH CTR SAN DIEGO-OAK PARK**
*Provider ID:* 418142
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:* (619) 794-2696
*After Hours Phone:* (619) 515-2454
*License number*: 550003556
*NPI:* 1336525906
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**
*Provider ID:* 419529
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2422
*License number*: 550003113
*NPI:* 1235521782
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE**
*Provider ID:* 417429
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:* (619) 501-5814
*After Hours Phone:* (619) 515-2525
*License number*: 550002865
*NPI:* 1952729303
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**
*Provider ID:* 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:* (858) 488-1394
*After Hours Phone:* (619) 515-2444
*License number*: 080000115
*NPI:* 1386689701
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**FAMILY HLTH CTR SD HILLCREST**
*Provider ID:* 417937
4094 4TH AVE
SAN DIEGO, CA 92103-2143

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*Phone:* (619) 515-2545
*Fax:* (619) 501-9645
*After Hours Phone:* (619) 515-2545
*License number*: 550003099
*NPI:* 1629456900
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**KING CHAVEZ HEALTH CENTER**
*Provider ID:* 451167
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:* (619) 662-4158
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1538262092
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-4PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**LA MAESTRA FAMILY CLINIC INC**
*Provider ID:* 185268
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:* (619) 795-9849
*After Hours Phone:* (619) 255-9155
*License number*:
*NPI:* 1336353721
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, W*Medical Group/IPA:* La Maestra Family Clinic
*Website:* www.lamaestra.org
*Email:*

**LINDA VISTA HEALTH CARE CTR**
*Provider ID:* 206046
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*License number*:
*NPI:* 1780665877
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese, Spanish, Chinese, Lithuanian
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdfamilycare.org
*Email:*

**LINDA VISTA HEALTH CARE CTR**
*Provider ID:* 206046
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*License number*:
*NPI:* 1609905215
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese, Spanish, Chinese, Lithuanian
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdfamilycare.org
*Email:*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**
*Provider ID:* 206360
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

# B. Clínicas de salud federalmente calificadas

*Phone:* (619) 515-2300
*Fax:* (619) 234-2447
*After Hours Phone:* (619) 515-2300
*License number*:
*NPI:* 1447281936
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**MID-CITY COMMUNITY CLINIC**
*Provider ID:* 233532
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:* (858) 633-4682
*After Hours Phone:* (619) 280-2058
*License number*:
*NPI:* 1962483040
*Accepting New Patients:* Yes
*Min/Max Age:* 0/22
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-2PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdfamilycare.org
*Email:*

**MID-CITY COMMUNITY CLINIC**
*Provider ID:* 233597
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (858) 633-4681
*After Hours Phone:* (619) 563-0250
*License number*:
*NPI:* 1962483040
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 8AM-2PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdfamilycare.org
*Email:*

**NESTOR COMMUNITY HEALTH CENTER**
*Provider ID:* 214492
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*License number*: 550001474
*NPI:* 1215246996
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ibclinic.org
*Email:*

**NORTH PARK FAMILY HEALTH CENTERS**
*Provider ID:* 206362
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 501-0627
*After Hours Phone:* (619) 515-2424
*License number*:
*NPI:* 1700821303
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**NORTH PARK FAMILY HEALTH CENTERS**
*Provider ID:* 416831
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 683-7586
*After Hours Phone:* (619) 515-2424
*License number*: 090000469
*NPI:* 1700821303
*Accepting New Patients:* Yes

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# B. Clínicas de salud federalmente calificadas

*Min/Max Age:* 0/18
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

**OPERATION SAMAHAN - MIRA MESA**
*Provider ID:* 417101
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*License number*: 080000146
*NPI:* 1871680397
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**OPERATION SAMAHAN - MIRA MESA**
*Provider ID:* 432308
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:* (858) 536-8034
*After Hours Phone:* (844) 200-2426
*License number*: 080000146
*NPI:* 1861933897
*Accepting New Patients:* No
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**OPERATION SAMAHAN RANCHO PENASQUITOS**
*Provider ID:* 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*License number*: 550003857
*NPI:* 1699216622
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**OPERATION SAMAHAN RANCHO PENASQUITOS**
*Provider ID:* 418535
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*License number*: 550002478
*NPI:* 1699216622
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Operation Samahan
*Website:* www.operationsamahan.org
*Email:*

**SAN DIEGO AMERICAN INDIAN HEALTH CENTER**
*Provider ID:* 207382
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-0505
*After Hours Phone:* (619) 234-2158
*License number*: 090000168
*NPI:* 1003902917
*Accepting New Patients:* Yes
*Min/Max Age:* None

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Korean, Spanish, Hindi
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdaihc.org
*Email:*

**SAN DIEGO FAMILY CARE**
*Provider ID:* 482070
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*License number*:
*NPI:* 1457724858
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Lithuanian, Vietnamese, Spanish, Chinese
*Cultural Competency:* No
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.sdfamilycare.org
*Email:*

**SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**
*Provider ID:* 517403
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 238-5551
*Fax:* (619) 238-3807
*After Hours Phone:* (619) 238-5551
*License number*:
*NPI:* 1598308926
*Accepting New Patients:* Yes
*Min/Max Age:* 0/120
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**
*Provider ID:* 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:* (619) 595-0258
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1326225632
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**
*Provider ID:* 517998
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*License number*: 550003882
*NPI:* 1205477841
*Accepting New Patients:* Yes
*Min/Max Age:* 0/120
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**
*Provider ID:* 356145
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:* (619) 515-2435
*After Hours Phone:* (619) 515-2435
*License number*:
*NPI:* 1174549232
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# B. Clínicas de salud federalmente calificadas

*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:*
*Email:*

**ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**
*Provider ID:* 403583
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*License number*: 090000297
*NPI:* 1598122871
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

## SAN MARCOS

**TRUECARE**
*Provider ID:* 206426
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*License number*: 080000167
*NPI:* 1245246917
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 8AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## SAN YSIDRO

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**
*Provider ID:* 227411
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1952364747
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿ *Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**
*Provider ID:* 206292
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1952364747
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM
*American Sign Language (ASL):* No
♿ *Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**
*Provider ID:* 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 662-4100
*License number*:
*NPI:* 1801438239
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes

# B. Clínicas de salud federalmente calificadas

*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.ihpsocal.org
*Email:*

## SPRING VALLEY

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**
*Provider ID:* 206361
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:* (619) 462-5584
*After Hours Phone:* (619) 515-2555
*License number*:
*NPI:* 1508801069
*Accepting New Patients:* Yes
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* ME*Medical Group/IPA:* Family Health Centers Of San Diego
*Website:* www.fhcsd.org
*Email:*

## VISTA

**VCC DURIAN**
*Provider ID:* 411518
105 DURIAN ST STE A
VISTA, CA 92083-6206
*Phone:* (844) 308-5003
*Fax:* (760) 414-3892
*After Hours Phone:* (844) 308-5003
*License number*: 1851300123
*NPI:* 1851300123
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**VCC DURIAN**
*Provider ID:* 411518
105 DURIAN ST STE A
VISTA, CA 92083-6206
*Phone:* (844) 308-5003
*Fax:* (760) 414-3892
*After Hours Phone:* (844) 308-5003
*License number*: 080000328
*NPI:* 1851300123
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility: Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

**VISTA COMMUNITY CLINIC**
*Provider ID:* 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000002
*NPI:* 1316501562
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, T, W, ME*Medical Group/IPA:* Ihp Of Southern California
*Website:*
www.vistacommunityclinic.org
*Email:*

**VISTA COMMUNITY CLINIC**
*Provider ID:* 206338
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000002
*NPI:* 1851300123
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish

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*Cultural Competency:* No
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*American Sign Language (ASL):* No
♿*Accessibility:* P, EB, IB, E, T, W, ME*Medical Group/IPA:* Ihp Of Southern California
*Website:* www.vistacommunityclinic.org
*Email:*

**VISTA COMMUNITY CLINIC GRAPEVINE**
*Provider ID:* 400339
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*License number*: 080000328
*NPI:* 1851300123
*Accepting New Patients:* Yes
*Min/Max Age:* 0/999
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM
*American Sign Language (ASL):* No
♿*Accessibility:* W*Medical Group/IPA:* Ihp Of Southern California
*Website:*
*Email:*

# C. Directorio de proveedores de atención primaria

## ALPINE

### CERTIFIED NURSE PRACTITIONER

**KAHL, NICHOLAS D**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: NP95006360
*NPI:* 1821306598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**TODD, MIKAYLA S**
*Provider ID:* 517802
*Provider Gender:* Female
*License number*: NP95005999
*NPI:* 1316478092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

### CHIROPRACTOR

**ABDULRAHIM, AHMED M**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: DC28335
*NPI:* 1619040292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

### FAMILY PRACTICE

**BAUTISTA, LUIS G**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: A97270
*NPI:* 1295712206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Fresno Community Hospital, St Agnes Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**ST CLAIR BROWN, TANEN T**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: 20A17296
*NPI:* 1487040739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA

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1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 445-6200
*Fax:*
*After Hours Phone:* (619) 445-6200
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**FQHC**

**SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,**
*Provider ID:* 517802
*Provider Gender:*
*License number*: 090000681
*NPI:* 1770124315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC,**
*Provider ID:* 541825
*Provider Gender:*
*License number*: 550002514
*NPI:* 1770178444
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
2733 ALPINE BLVD STE 200
ALPINE, CA 91901-2253
*Phone:* (619) 445-5664
*Fax:* (619) 445-3531
*After Hours Phone:* (619) 445-5664
*Website:* www.syhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**INTERNAL MEDICINE**

**MUELLER, LAUREL A**
*Provider ID:* 517802
*Provider Gender:* Female
*License number*: 20A18030
*NPI:* 1639601172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**PEDIATRICS**

**STENSMAN, LARS M**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: A158569
*NPI:* 1659638062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Danish, French, Norwegian, Swedish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

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# C. Directorio de proveedores de atención primaria

### PHYSICIANS ASSISTANT

**BAISLEY, SHAWN M**
*Provider ID:* 517802
*Provider Gender:* Male
*License number*: PA52347
*NPI:* 1376936120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**SHARPE, NORMA A**
*Provider ID:* 517802
*Provider Gender:* Female
*License number*: PA20490
*NPI:* 1619100237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.mtnhealth.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

## BORREGO SPRINGS

### CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**
*Provider ID:* 185179
*Provider Gender:* Male
*License number*: A36637
*NPI:* 1295747038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

### DERMATOLOGY

**GREENWAY, HUBERT T**
*Provider ID:* 185179
*Provider Gender:* Male
*License number*: C39104
*NPI:* 1366419004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:*
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ZELAC, DANIEL E**
*Provider ID:* 185179
*Provider Gender:* Male
*License number*: G85319
*NPI:* 1891709903
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital

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# C. Directorio de proveedores de atención primaria

*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FQHC**

**BORREGO MEDICAL CLINIC,**
*Provider ID:* 185179
*Provider Gender:*
*License number*: 080000651
*NPI:* 1134144165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GENERAL PRACTICE**

**HUOT, JAMES M**
*Provider ID:* 185179
*Provider Gender:* Male
*License number*: G83499
*NPI:* 1033122296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SURGERY COLON SURGERY**

**GOETZ, LAURA H**
*Provider ID:* 185179
*Provider Gender:* Female
*License number*: A86535
*NPI:* 1710941729
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Desert Regional Med Ctr
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
4343 YAQUI PASS RD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:*
*After Hours Phone:* (760) 767-5051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CAMPO**

**FAMILY PRACTICE**

**KAUFHOLD, ANNE D**
*Provider ID:* 519686
*Provider Gender:* Female
*License number*: A88893
*NPI:* 1164508073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028

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*Phone:* (619) 445-6200
*Fax:*
*After Hours Phone:* (619) 445-6200
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ROGERS, MATTHEW W**
*Provider ID:* 519686
*Provider Gender:* Male
*License number*: 20A18400
*NPI:* 1639606130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ST CLAIR BROWN, TANEN T**
*Provider ID:* 519686
*Provider Gender:* Male
*License number*: 20A17296
*NPI:* 1487040739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:*
*After Hours Phone:* (619) 445-6200
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FQHC**

**SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE,**
*Provider ID:* 519686
*Provider Gender:*
*License number*: 090000660
*NPI:* 1174164719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**PHYSICIANS ASSISTANT**

**SHARPE, NORMA A**
*Provider ID:* 519686
*Provider Gender:* Female
*License number*: PA20490
*NPI:* 1619100237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CARLSBAD**

**FQHC**

**TRUECARE,**
*Provider ID:* 480120
*Provider Gender:*

*License number*: 080000630
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

## INTERNAL MEDICINE

**PONIACHIK, SAMUEL I**
*Provider ID:* 480120
*Provider Gender:* Male
*License number*: G74757
*NPI:* 1467485078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:*
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**POUNTNEY, MARLENE E**
*Provider ID:* 480120
*Provider Gender:* Female
*License number*: A93248
*NPI:* 1174703680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:*
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**BURGAMY, ELIZABETH B**
*Provider ID:* 326275
*Provider Gender:* Female
*License number*: A99859
*NPI:* 1164609558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GRANT, COLETTE L**
*Provider ID:* 433808
*Provider Gender:* Female
*License number*: G65865
*NPI:* 1073638680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:*
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**IYENGAR, RADHA A**
*Provider ID:* 480120
*Provider Gender:* Female
*License number*: A49273
*NPI:* 1265448112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:*
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**JACOBSON, MICHAEL B**
*Provider ID:* 326268
*Provider Gender:* Male
*License number*: A88422
*NPI:* 1831284249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**METSCH, RANDALL B**
*Provider ID:* 325891
*Provider Gender:* Male
*License number*: G69565
*NPI:* 1619948635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MUTH, NATALIE D**
*Provider ID:* 328451
*Provider Gender:* Female
*License number*: A116344
*NPI:* 1497982888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TANAKA, MARY S**
*Provider ID:* 465387
*Provider Gender:* Female
*License number*: A116057
*NPI:* 1295962686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ZACHRY, ALISON D**
*Provider ID:* 480120
*Provider Gender:* Female
*License number*: A131678
*NPI:* 1922402858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

## PHYSICIANS ASSISTANT

**CHISWICK, GARY R**
*Provider ID:* 480120
*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 480120
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1295 CARLSBAD VILLAGE DR # 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 720-7766
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 720-7766
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

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♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## CHULA VISTA

### CERTIFIED NURSE PRACTITIONER

**ANTHONY, SHARON**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: NP95015566
*NPI:* 1053887760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHAPIN, DENISE L**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: NP23687
*NPI:* 1952737033
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**FERNANDEZ LEYVA, JUAN C**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: NP95001964
*NPI:* 1194115568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**IBARRA, MARTHA A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: NP12112
*NPI:* 1114957289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**LEONARD, BEVERLY S**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: NP10943
*NPI:* 1285772392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

# C. Directorio de proveedores de atención primaria

SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**OWEN, MICHAEL C**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: NP95001492
*NPI:* 1073869145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ROSS, CRYSTAL H**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: NP95015413
*NPI:* 1548683378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SOTO, ROBIN J**
*Provider ID:* 417641
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VEGA, TERESA**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: NP95001705
*NPI:* 1912304569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CERTIFIED REGISTERED NURSE MIDWIFE**

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**BOSTON, LAURA H**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: NM792
*NPI:* 1174553259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

## CHIROPRACTOR

**HASHEM, SHIVA**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: DC26269
*NPI:* 1952950776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KAZEM, HARON H**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: DC33295
*NPI:* 1306221262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PLANTE, CHARLES F**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: DC31963
*NPI:* 1760464960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**REYNOSO, ALFONSO**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: DC20760
*NPI:* 1285921627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org

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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## ENDOCRINOLOGY METABOLISM DIABETES

**CARRILLO, MARITZA E**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A163183
*NPI:* 1649628587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PHILIS-TSIMIKAS, ATHENA**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A50477
*NPI:* 1922105964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**VINCENT, LAUREN C**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A134303
*NPI:* 1053757997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## FAMILY PRACTICE

**ALANIZ, MATEO A**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A124388
*NPI:* 1700175577
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ARCE GOMEZ, LAURA E**

# C. Directorio de proveedores de atención primaria

*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A123604
*NPI:* 1053532986
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Chula Vista Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CAMPOS, MELISSA**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A138474
*NPI:* 1427475318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHERY, FARAH Y**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A108681
*NPI:* 1114183688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CHERY, FARAH Y**
*Provider ID:* 417641
*Provider Gender:* Female
*License number*: A108681
*NPI:* 1114183688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DEIS, CRISTINA E**
*Provider ID:* 314546
*Provider Gender:* Female
*License number*: A123170
*NPI:* 1639478811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1637 3RD AVE STE H

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

CHULA VISTA, CA 91911-5823
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**DOOHAN, NOEMI C**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A89396
*NPI:* 1972603884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Adventist Health Ukiah Valley, Uc Davis Medical Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DY, DIANE J**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A153344
*NPI:* 1467807560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ELSAYED, MOHAMMED K , MD**
*Provider ID:* 19561
*Provider Gender:* Male
*License number*: A100765
*NPI:* 1821033424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
330 OXFORD ST STE 106
CHULA VISTA, CA 91911-3118
*Phone:* (619) 409-1802
*Fax:* (619) 409-1831
*After Hours Phone:* (619) 409-1802
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**ELSAYED, MOHAMMED K**
*Provider ID:* 19561
*Provider Gender:* Male
*License number*: A100765
*NPI:* 1821033424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
330 OXFORD ST STE 106
CHULA VISTA, CA 91911-3118
*Phone:* (619) 409-1802
*Fax:* (619) 409-1831
*After Hours Phone:* (619) 409-1802
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FLORES, MARIBEL C**
*Provider ID:* 314546
*Provider Gender:* Female
*License number*: A95959
*NPI:* 1124104815
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Chula Vista Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1637 3RD AVE STE H
CHULA VISTA, CA 91911-5823
*Phone:* (619) 205-1360
*Fax:*
*After Hours Phone:* (619) 205-1360
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**GARCIA, KARLA J**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A120672
*NPI:* 1154647410
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**HASSANEIN, TAREK I**
*Provider ID:* 414710
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1323 3RD AVE
CHULA VISTA, CA 91911-4302
*Phone:* (619) 409-6900
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 409-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HUBLEY, PAUL E**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: A73172
*NPI:* 1568496974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**JIMENEZ, KRYSTAL A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A159831
*NPI:* 1922531250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 682-4100
*Fax:*
*After Hours Phone:* (619) 682-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LAW, KAREN**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A138534
*NPI:* 1205253150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Chula Vista Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MCKENNETT, MARIANNE A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: G57243
*NPI:* 1376639666
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MENON, POOJA S**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A123263
*NPI:* 1053600064
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MERRILL, SARAH E**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A123492
*NPI:* 1225399512
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MOYA, MARY R**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A80185
*NPI:* 1093844417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NGUYEN, CARIE C**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A106103
*NPI:* 1174781132
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NGUYEN, LINH T**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A144995
*NPI:* 1619357993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**NGUYEN, LINH T**
*Provider ID:* 417641
*Provider Gender:* Female
*License number*: A144995
*NPI:* 1619357993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**NOVOTNY, RICHARD W**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A143811
*NPI:* 1588002877
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**OSEGUERA, MARIA D**
*Provider ID:* 91607
*Provider Gender:* Female
*License number*: G79997
*NPI:* 1487627907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2452 FENTON ST STE 301
CHULA VISTA, CA 91914-4552
*Phone:* (619) 946-4073
*Fax:* (619) 946-7243
*After Hours Phone:* (619) 946-4073
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PALOMINO, MARY A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A115699
*NPI:* 1770718975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PEDROTTY, JOHN R**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: G80234
*NPI:* 1992861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PEREZ, PERLITA A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A119689
*NPI:* 1174810972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R,

T, ME
*Hours:* M-SA 9AM-5PM

**PIEROS, JANELLE J**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: 20A13225
*NPI:* 1386935914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PISINGER, PATRICIA**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A69264
*NPI:* 1861428302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RAJ, ASHA P**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: 20A15683
*NPI:* 1003293507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**RAJ, ASHA P**
*Provider ID:* 417641
*Provider Gender:* Female
*License number*: 20A15683
*NPI:* 1003293507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**RAWI, BASHIR A**
*Provider ID:* 168833
*Provider Gender:* Male
*License number*: A48140
*NPI:* 1003964834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1323 3RD AVE
CHULA VISTA, CA 91911-4302
*Phone:* (619) 409-6900
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 409-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RAWI, BASHIR A , MD**
*Provider ID:* 168833
*Provider Gender:* Male
*License number*: A48140
*NPI:* 1003964834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1323 3RD AVE
CHULA VISTA, CA 91911-4302
*Phone:* (619) 409-6900
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 409-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RAWI, BASHIR A , MD**
*Provider ID:* 168834
*Provider Gender:* Male
*License number*: A48140
*NPI:* 1003964834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
256 LANDIS AVE STE 202
CHULA VISTA, CA 91910-2650
*Phone:* (619) 522-0399
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 522-0399
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**REDDY, DIVYA K**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A130224
*NPI:* 1669766473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ROSENBLATT, EUGENE M**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: 20A9060
*NPI:* 1427123991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SERPAS, SHAILA**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: G74728
*NPI:* 1124039136
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SHAHTAJI, ALAN P**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: 20A11087
*NPI:* 1972751089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SWARTZ, JOHN R**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: G72486
*NPI:* 1396754131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**TALAVERA, GREGORY A**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A40061
*NPI:* 1740337161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**TEE, ALEXANDRA**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A164392
*NPI:* 1881198406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TOLEDO-NADER, CAROLL**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A41486
*NPI:* 1427126648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**TREJO, RAUL**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A77936
*NPI:* 1174534184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**WHITLEY, NICHOLAS R**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A118250
*NPI:* 1629394721
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**YOON, RYAN R**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A114600
*NPI:* 1942435144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**FQHC**

**CHULA VISTA FAMILY HLTH CTR,**
*Provider ID:* 206355
*Provider Gender:*
*License number*:
*NPI:* 1346480837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:* (619) 397-1161
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CHULA VISTA PEDIATRICS,**
*Provider ID:* 482034
*Provider Gender:*
*License number*:
*NPI:* 1326486861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
855 3RD AVE STE 2200
CHULA VISTA, CA 91911-1353
*Phone:* (619) 662-4100
*Fax:* (619) 662-4196
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM

**FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,**
*Provider ID:* 417641
*Provider Gender:*
*License number*: 550002305
*NPI:* 1083959464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:* (619) 420-0660
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**OTAY FAMILY HEALTH CLINIC,**
*Provider ID:* 314546
*Provider Gender:*
*License number*:
*NPI:* 1922051812
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1637 3RD AVE STE H
CHULA VISTA, CA 91911-5823
*Phone:* (619) 662-4100
*Fax:* (619) 336-2323
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH CHULA VISTA,**
*Provider ID:* 427322
*Provider Gender:*
*License number*:
*NPI:* 1326486861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## GENERAL DENTISTRY

**PHAM, QUYNH V**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: DDS102880
*NPI:* 1366917353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## HEMATOLOGY / ONCOLOGY

**QUIROZ, ELISA K**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A162816
*NPI:* 1932558301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## INTERNAL MEDICINE

**CHEN, TSUH YIN**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: C55563
*NPI:* 1093803520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DALHOUMI, SARAH**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A121861
*NPI:* 1033435383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**FERNANDEZ, RODRIGO J**
*Provider ID:* 536713
*Provider Gender:* Male
*License number*: A44441
*NPI:* 1366539793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 4TH AVE STE 201
CHULA VISTA, CA 91910-4428
*Phone:* (619) 476-9054
*Fax:* (619) 476-9056
*After Hours Phone:* (619) 476-9054
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FLORES, ROCIO M**
*Provider ID:* 490002
*Provider Gender:* Female
*License number*: A69424
*NPI:* 1881607067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
296 H ST STE 201
CHULA VISTA, CA 91910-4779
*Phone:* (619) 271-5551
*Fax:* (619) 271-5556
*After Hours Phone:* (619) 271-5551
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FUENTES, MARIA G**
*Provider ID:* 234312
*Provider Gender:* Female
*License number*: A83896
*NPI:* 1811070261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
717 3RD AVE
CHULA VISTA, CA 91910-5803
*Phone:* (619) 941-1545
*Fax:* (619) 941-1558
*After Hours Phone:* (619) 941-1545
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**HAMMETT, ERIN K**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: 20A14025
*NPI:* 1467884098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**UWEDJOJEVWE, LETICIA M**
*Provider ID:* 380242
*Provider Gender:* Female
*License number*: A80329
*NPI:* 1891882221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
340 4TH AVE STE 10
CHULA VISTA, CA 91910-3813
*Phone:* (619) 934-2215
*Fax:* (619) 500-5955
*After Hours Phone:* (619) 934-2215
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8AM-4PM, SA 9AM-5PM

**VELAZQUEZ CAMARENA, MARIA D**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A56153
*NPI:* 1518965714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**WEN, AKI YEN CHANG**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: 20A12555
*NPI:* 1205126505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**JIBRIL, DEANAH A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: 20A17489
*NPI:* 1134183114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Riverside Community Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA

9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MENDEZ, DIEGO**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA

9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SHORT, ABIADE C**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A114893
*NPI:* 1750559589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## OPHTHALMOLOGY

**MANI, NASRIN**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PONS, MAURICIO E**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SKAF, AYHAM R**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**AKASHI, MARC K**
*Provider ID:* 163322
*Provider Gender:* Male
*License number*: A123922
*NPI:* 1205002417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ATIENZA, PAMELA V**
*Provider ID:* 106987
*Provider Gender:* Female
*License number*: A64995
*NPI:* 1417916107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
890 EASTLAKE PKWY STE 200
CHULA VISTA, CA 91914-4521
*Phone:* (619) 656-6817
*Fax:* (619) 656-6908
*After Hours Phone:* (619) 506-1218
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BARBADILLO, FERDINAND F**
*Provider ID:* 70456
*Provider Gender:* Male
*License number*: A49307
*NPI:* 1982662193
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
890 EASTLAKE PKWY STE 200
CHULA VISTA, CA 91914-4521
*Phone:* (619) 656-6817
*Fax:* (619) 656-6908
*After Hours Phone:* (619) 656-6817
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BRESLOW, ADAM D**
*Provider ID:* 230454
*Provider Gender:* Male
*License number*: G60853
*NPI:* 1972574085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BROUDY, ABRAHAM E**
*Provider ID:* 109328
*Provider Gender:* Male
*License number*: A71609
*NPI:* 1528039526
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2440 FENTON ST # 100
CHULA VISTA, CA 91914-3516
*Phone:* (619) 656-3040
*Fax:* (619) 656-3045
*After Hours Phone:* (619) 656-3040
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CAPETANAKIS, ELENI I**
*Provider ID:* 89610
*Provider Gender:* Female
*License number*: A70397
*NPI:* 1346211554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CORDOBA, MIGUEL A**
*Provider ID:* 88187
*Provider Gender:* Male
*License number*: A75350
*NPI:* 1053382176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital

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*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DI FRANCO, MATTHEW J**
*Provider ID:* 499127
*Provider Gender:* Male
*License number*: G58994
*NPI:* 1841343548
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1635 3RD AVE STE J
CHULA VISTA, CA 91911-5867
*Phone:* (619) 426-8121
*Fax:* (619) 426-5950
*After Hours Phone:* (619) 426-8121
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DONG, TAMMY M**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A66903
*NPI:* 1386655413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DORINGO, ELAINIE D**
*Provider ID:* 267100
*Provider Gender:* Female
*License number*: A70842
*NPI:* 1013005636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FLETCHER, EMILY E**
*Provider ID:* 232312
*Provider Gender:* Female
*License number*: A122247
*NPI:* 1780935940
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Mercy Hospital Bakersfield, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2440 FENTON ST # 100
CHULA VISTA, CA 91914-3516

*Phone:* (619) 656-3040
*Fax:* (619) 656-3045
*After Hours Phone:* (619) 656-3040
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FRESNO, BLANCA I**
*Provider ID:* 102434
*Provider Gender:* Female
*License number*: A45205
*NPI:* 1346258787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915-2032
*Phone:* (619) 482-1700
*Fax:* (619) 475-4578
*After Hours Phone:* (619) 482-1700
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GARCIA, CARLOS M**
*Provider ID:* 64734
*Provider Gender:* Male
*License number*: A42509
*NPI:* 1417959370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1392 E PALOMAR ST STE 501
CHULA VISTA, CA 91913-1895
*Phone:* (619) 271-4059
*Fax:* (619) 271-7451
*After Hours Phone:* (619) 271-4059
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

**GARCIA, RAFAEL A**
*Provider ID:* 360408
*Provider Gender:* Male
*License number*: A50715
*NPI:* 1053414086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911-6660
*Phone:* (619) 656-0206
*Fax:* (619) 656-8936
*After Hours Phone:* (619) 656-0206
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GHAHREMANI, SIMIN M**
*Provider ID:* 482034
*Provider Gender:* Female
*License number*: C51110
*NPI:* 1508904657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 3RD AVE STE 2200
CHULA VISTA, CA 91911-1353
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes

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*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**HOLLICK, NATALIE V**
*Provider ID:* 473802
*Provider Gender:* Female
*License number*: 20A16170
*NPI:* 1558716845
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ISAIAS, AGNELA T**
*Provider ID:* 482034
*Provider Gender:* Female
*License number*: A82912
*NPI:* 1790772572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 3RD AVE STE 2200
CHULA VISTA, CA 91911-1353
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**JACOBS-KLEISLI, MILAGROS J**
*Provider ID:* 467596
*Provider Gender:* Female
*License number*: 20A11985
*NPI:* 1811221641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Methodist Hosp Of Southern California
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**JOLLY, DESMOND A**
*Provider ID:* 57697
*Provider Gender:* Male
*License number*: A103143
*NPI:* 1063652162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KORSAND, SID S**
*Provider ID:* 482034
*Provider Gender:* Male
*License number*: A49591

*NPI:* 1588634513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Turkish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 3RD AVE STE 2200
CHULA VISTA, CA 91911-1353
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MISTRY, CHETAN A**
*Provider ID:* 86439
*Provider Gender:* Male
*License number*: A97646
*NPI:* 1467505834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2440 FENTON ST # 100
CHULA VISTA, CA 91914-3516
*Phone:* (619) 656-3040
*Fax:* (619) 656-3045
*After Hours Phone:* (619) 656-3040
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MORRIS, KENNETH H**
*Provider ID:* 529313
*Provider Gender:* Male
*License number*: G79634
*NPI:* 1851307144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**MOSQUERA, DIANA I**
*Provider ID:* 371232
*Provider Gender:* Female
*License number*: C148618
*NPI:* 1144238098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MOSQUERA, DIANA I**
*Provider ID:* 463001
*Provider Gender:* Female
*License number*: C148618
*NPI:* 1144238098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101

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CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:*
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NGILLA MCGRAW, MEAGHAN D**
*Provider ID:* 587621
*Provider Gender:* Female
*License number*: NP23792
*NPI:* 1356461842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* SU 10AM-2PM, M-F 8AM-5PM, SA 8AM-12PM

**NGUYEN, TRUC H**
*Provider ID:* 78518
*Provider Gender:* Female
*License number*: A95596
*NPI:* 1881884054
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Washington Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2440 FENTON ST # 100
CHULA VISTA, CA 91914-3516
*Phone:* (619) 656-3040
*Fax:* (619) 656-3045
*After Hours Phone:* (619) 656-3040
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**OIRA, VICTORIA R**
*Provider ID:* 73140
*Provider Gender:* Female
*License number*: A51972
*NPI:* 1134172448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
890 EASTLAKE PKWY STE 203
CHULA VISTA, CA 91914-4521
*Phone:* (619) 656-3020
*Fax:* (619) 656-3019
*After Hours Phone:* (619) 370-6661
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM

**PIANSAY, MARIA CORAZON M**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A93785
*NPI:* 1669680351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

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*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PIANSAY, MARIA CORAZON M**
*Provider ID:* 470963
*Provider Gender:* Female
*License number*: A93785
*NPI:* 1669680351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1635 3RD AVE STE J
CHULA VISTA, CA 91911-5867
*Phone:* (619) 426-8121
*Fax:* (619) 426-5950
*After Hours Phone:* (619) 426-8121
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PIZARRO, LUZVIMINDA L**
*Provider ID:* 314546
*Provider Gender:* Female
*License number*: A40161
*NPI:* 1770594863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1637 3RD AVE STE H
CHULA VISTA, CA 91911-5823
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**PIZARRO, LUZVIMINDA L**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A40161
*NPI:* 1770594863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SALAZAR, JUANITA**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: A78355
*NPI:* 1912938325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SANCHEZ, CARLOS J**
*Provider ID:* 50935
*Provider Gender:* Male
*License number*: A22648
*NPI:* 1114182094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1635 3RD AVE STE J
CHULA VISTA, CA 91911-5867
*Phone:* (619) 426-8121
*Fax:* (619) 426-5950
*After Hours Phone:* (619) 426-8121
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SANTIAGO, ROXANE M**
*Provider ID:* 269279
*Provider Gender:* Female
*License number*: A122396
*NPI:* 1033461801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VALENCIA, MARILES F**
*Provider ID:* 104059
*Provider Gender:* Female
*License number*: A54929
*NPI:* 1275541625
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1741 EASTLAKE PKWY STE 107
CHULA VISTA, CA 91915-2032
*Phone:* (619) 482-1700
*Fax:* (619) 475-4578
*After Hours Phone:* (619) 482-1700
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**YAO, CATHERINE S**
*Provider ID:* 371204
*Provider Gender:* Female
*License number*: A119644
*NPI:* 1801166442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZARGAR, SHABNAM**
*Provider ID:* 371075
*Provider Gender:* Female
*License number*: A128721
*NPI:* 1417256074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Desert Regional Med Ctr, John F

Kennedy Memorial Hosp, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PHYSICIANS ASSISTANT**

**QUICK, ELISABETH A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: PA21591
*NPI:* 1790055010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**REVELES, DIANA**
*Provider ID:* 417641
*Provider Gender:* Female
*License number*: PA19306
*NPI:* 1548455405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**PODIATRIST**

**MANCHEL, BRUCE A**
*Provider ID:* 427322
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SCHNEIDER, SARAH A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: DPM4819
*NPI:* 1326282237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**REGISTERED PHYSICAL THERAPIST**

**AMAYA, RICARDO**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: PT37189
*NPI:* 1437445566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CUMMINGS, GEORGE P**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: PT295173
*NPI:* 1497236384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**GEORGE, JENNIFER A**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: PT294245
*NPI:* 1215402177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MIGNEA, DAVID S**
*Provider ID:* 206355
*Provider Gender:* Male
*License number*: PT293536
*NPI:* 1043736879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ, CASSANDRA**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: PT292823
*NPI:* 1770025595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TABONE, MICHELLE K**
*Provider ID:* 206355
*Provider Gender:* Female
*License number*: PT291706
*NPI:* 1548714652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

## RHEUMATOLOGY

**REDDY, DANA A**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## SPEECH PATHOLOGIST

**CABADING, DOREEN L**
*Provider ID:* 427322
*Provider Gender:* Female
*License number*: SP18192
*NPI:* 1043507585
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

# EL CAJON

## CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: A36637
*NPI:* 1295747038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404
*Website:*

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CERTIFIED NURSE PRACTITIONER**

**BELEN, NEZER B**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: NP95009292
*NPI:* 1386120723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BLAIS, BRITTNEY**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NP95014574
*NPI:* 1952852808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**DRISCOLL, SUSAN D**
*Provider ID:* 569910
*Provider Gender:* Female
*License number*: NP95012943
*NPI:* 1477755684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GARCIA, JOHNNY**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: NP95007000
*NPI:* 1932622156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KELLOGG, KRISTEN J**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NP95009180
*NPI:* 1649757741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*

*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**KING, KRISTI**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: NP19685
*NPI:* 1588988703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (760) 466-9800
*Fax:*
*After Hours Phone:* (760) 466-9800
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**LEONARD, BEVERLY S**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: NP10943
*NPI:* 1285772392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LU, TAMMY C**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: NP95007253
*NPI:* 1457879132
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MANGENE, CYNTHIA L**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: NP6782
*NPI:* 1548292626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**OCHOA, ERLINDA A**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP4430

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1346437464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**OCHOA, ERLINDA A**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: NP4430
*NPI:* 1346437464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ODA, THAGHAR M**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: RN810863
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ODA, THAGHAR M**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: NP95000205
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ODA, THAGHAR M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NP95000205
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ODA, THAGHAR M**

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# C. Directorio de proveedores de atención primaria

*Provider ID:* 418340
*Provider Gender:* Female
*License number*: RN810863
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**REAL, MARIA F**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP17328
*NPI:* 1548450471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**REID, EMILY**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SMITH, SHARON T**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: RN428876
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SMITH, SHARON T**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NP15444
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-SA 9AM-5PM

**SWAN, MELANIE A**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: NP95000818
*NPI:* 1871934414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**VERDUZCO GONZALEZ, AURORA B**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP95001961
*NPI:* 1932452323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**VILLANUEVA DE GUTIE, BERENICE**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP95002188
*NPI:* 1952795536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**WHITESIDE, BARBARA**
*Provider ID:* 569910
*Provider Gender:* Female
*License number*: NP5705
*NPI:* 1194942300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**WILDER, ASHLEY**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NP95016274
*NPI:* 1750766895
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**WILLIAMS, BREAHNA A**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

## CERTIFIED REGISTERED NURSE MIDWIFE

**CORRY, ANDREA C**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: NM1721
*NPI:* 1255489571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

## CHIROPRACTOR

**SOSA, DAVID S**
*Provider ID:* 206354
*Provider Gender:* Male
*License number*: DC33150
*NPI:* 1013308675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SOSA, DAVID S**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: DC33150
*NPI:* 1013308675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**UY, ASHLEY N**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: DC33869
*NPI:* 1174059760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO

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525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ZECHA, RONALD S**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: DC28605
*NPI:* 1427252121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

## ENDOCRINOLOGY

## METABOLISM DIABETES

**NAGELBERG, JODI B**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**VINCENT, LAUREN C**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A134303
*NPI:* 1053757997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 8AM-5PM

## FAMILY PRACTICE

**ABDALLAH, ALI H**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: 20A15471
*NPI:* 1649699968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**AL ANI, NAJWAN N**

# C. Directorio de proveedores de atención primaria

*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A144974
*NPI:* 1275948473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BAGINGITO, AUSTIN G**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A163977
*NPI:* 1942705637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BROWN, BRANDON S**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A148499
*NPI:* 1013399559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**CORMAN, DANIEL M**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DOMINGUEZ, DENNIS O**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: G43179
*NPI:* 1225063811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714

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*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GHAFARI, DAUOD M**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: A98486
*NPI:* 1053417691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**GORDON, CHRISTOPHER J**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A83390
*NPI:* 1477711521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HASTANAN, CAROL L**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: A110192
*NPI:* 1861648461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**JIBRI, NISHWAN N**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: A135468
*NPI:* 1164788683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Italian
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

**KASAWA, JOHN**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A79338
*NPI:* 1134230329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No

# C. Directorio de proveedores de atención primaria

*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**KORKIS, EBTISSAM H , MD**
*Provider ID:* 383504
*Provider Gender:* Female
*License number*: A89767
*NPI:* 1780746263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Kurdish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1530 JAMACHA RD # E-F
EL CAJON, CA 92019-3700
*Phone:* (619) 441-9200
*Fax:* (619) 441-0710
*After Hours Phone:* (619) 441-9200
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM

**LEE, HEATHER F**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: A164702
*NPI:* 1053808048
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LIN, SHUANG**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: A138887
*NPI:* 1689093684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MANDOYAN, AUSTIN**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A161682
*NPI:* 1841726148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**MATIALEU, LEOPOLDINE P**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: A152369
*NPI:* 1255759718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MOULD, KEVIN S**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: A90920
*NPI:* 1255351748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Woodland Memorial Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

**NASSIR, BASSAM K**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A101888
*NPI:* 1386848166
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**NGUYEN, KERRIE K**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: A158244
*NPI:* 1407380710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NIAZI, HARRIS O**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A146111
*NPI:* 1174905871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**PATEL, RAKESH R**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: A76352
*NPI:* 1205861010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

**PUTRUS, RAMIZ S**
*Provider ID:* 185267
*Provider Gender:* Male
*License number*: A68184
*NPI:* 1144300534
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**THIERMANN, PAIGE A**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: A114779
*NPI:* 1134411432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Kurdish, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

**FQHC**

**CENTRO MEDICO EL CAJON,**
*Provider ID:* 478971
*Provider Gender:*
*License number*: 550000430
*NPI:* 1154480069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SU 8AM-8PM

**CHASE AVENUE FAMILY HEALTH CTRS INC,**
*Provider ID:* 206354
*Provider Gender:*
*License number*:
*NPI:* 1104861681
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2499
*Fax:* (619) 593-7164
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**FAMILY HLTH CTR SAN DIEGO-EL CAJON,**
*Provider ID:* 418340
*Provider Gender:*
*License number*: 550003553
*NPI:* 1932561198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:* (619) 269-0191
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LA MAESTRA CHC EL CAJON BROADWAY,**
*Provider ID:* 418501
*Provider Gender:*
*License number*: 550003567
*NPI:* 1134590086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:* (619) 795-5992
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LA MAESTRA FAMILY CLINIC INC,**
*Provider ID:* 185267
*Provider Gender:*
*License number*:
*NPI:* 1336353721
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:* (619) 749-5480
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NEIGHBORHOOD HEALTHCARE EL CAJON,**
*Provider ID:* 206272
*Provider Gender:*
*License number*: 090000156
*NPI:* 1760667950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:* (360) 462-2746
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH EL CAJON,**
*Provider ID:* 569910
*Provider Gender:*
*License number*: 550002514
*NPI:* 1568845741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## HEPATOLOGY

**GISH, ROBERT G**
*Provider ID:* 185267
*Provider Gender:* Male
*License number*: G45632
*NPI:* 1548281322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Providence Santa Rosa Memorial Hospital, Ucsd Medical Ctr, Stanford Health Care, California Pacific Med Ctr, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Loma Linda University Comm Med Ctr, Regional Medical Ctr Of San Jose
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

## INTERNAL MEDICINE

**AL-TAMEEMI, AHMED**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: A151547
*NPI:* 1134513211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ALWASH, MUSTAFA A**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A160516
*NPI:* 1679936439
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BRIONES COLMAN, FELICIA R**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: A80153
*NPI:* 1962517367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARPENTER, ROBERT J**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: 20A10964
*NPI:* 1356343040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**DUONG, MAI T**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A127798
*NPI:* 1629339304
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**GORGES, RANDA A**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A138815
*NPI:* 1285079509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**JABRI, ZAIN T**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A160760
*NPI:* 1891159620
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, City Of Hope National Med Ctr, John F Kennedy Memorial Hosp
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**LAU, BENISON C**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: A161074
*NPI:* 1255726154

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PARIKH, MILIND D**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**PETITT, JOHN C**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: G52812
*NPI:* 1497992432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RATNIEWSKI, ALFREDO**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: C42220
*NPI:* 1689768459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**REDDY, ARJUN N , MD**
*Provider ID:* 428134
*Provider Gender:* Male
*License number*: A61204
*NPI:* 1730132457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5442 SYCUAN RD
EL CAJON, CA 92019-1816
*Phone:* (619) 445-0707
*Fax:* (619) 445-0988
*After Hours Phone:* (619) 445-0707
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No

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♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-4PM, SA 9AM-5PM

**ROUEL, LINDA Y**
*Provider ID:* 308485
*Provider Gender:* Female
*License number*: A107575
*NPI:* 1326128950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Mandarin, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Grossmont Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
860 JAMACHA RD STE 107
EL CAJON, CA 92019-3225
*Phone:* (619) 456-9920
*Fax:* (619) 456-9340
*After Hours Phone:* (619) 456-9920
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-7PM, SA 9AM-5PM

**SHEIKH-MOHAMED, HALA**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A159247
*NPI:* 1972946770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-5498
*Fax:*
*After Hours Phone:* (619) 515-5498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**SIHOTA, GURPREET**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: 20A13700
*NPI:* 1659715852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TCHAKMAKJIAN, LEVON N**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: C144411
*NPI:* 1790744795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* North Bay Vacavalley Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**VETTICADEN, SANTOSH J**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: C53062
*NPI:* 1679102461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**YOON, TAE H**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: C161090
*NPI:* 1508918178
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

## INTERVENTIONAL CARDIOLOGY

**KAFRI, HASSAN**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A96002
*NPI:* 1730258401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**BULLOCH, EDGAR M**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: A113241
*NPI:* 1508046376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**CERVANTES, SANDRA M**
*Provider ID:* 418340
*Provider Gender:* Female

*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**DE MIK, TRAVIS J**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**FAKSH, ARIJ**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FAKSH, ARIJ**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**HANLEY, LAUREN E**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**KHAN, ALIYA I**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: G50634
*NPI:* 1285687350
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**LIPSCHITZ, LISA S**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

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*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**MENDEZ, DIEGO**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PAPA, RHETT R**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: 20A11733
*NPI:* 1063642312
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

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♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SULLIVAN, MARY L**
*Provider ID:* 478971
*Provider Gender:* Female
*License number*: A132556
*NPI:* 1588893564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**ZIEG, ALAN J**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy

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Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## OPHTHALMOLOGY

**ALBORZIAN, SHERVIN**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: A107093
*NPI:* 1588825129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM

**JARDON, JAVIER A**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A131365
*NPI:* 1609171982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MANI, NASRIN**
*Provider ID:* 569910
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PONS, MAURICIO E**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SKAF, AYHAM R**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**CONE, STEPHANIE E**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: A123929
*NPI:* 1437444858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CONE, STEPHANIE E**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: A123929
*NPI:* 1437444858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FIGUEROA RODRIGUEZ, BRENDA L**
*Provider ID:* 478971
*Provider Gender:* Female
*License number*: A114674
*NPI:* 1134205214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FINK, REBECCA**
*Provider ID:* 546047
*Provider Gender:* Female
*License number*: A159345
*NPI:* 1659725562
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FLEMING, TARA M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A152462
*NPI:* 1972965242
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FRANCIS, KATHERINE L**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: G80917
*NPI:* 1659301547
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**HOANG, VY U**
*Provider ID:* 546310
*Provider Gender:* Female
*License number*: A125768
*NPI:* 1649575135
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST

EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KODSI, ALICIA M**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: A147976
*NPI:* 1932514353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LYNN, JOHN G**
*Provider ID:* 206272
*Provider Gender:* Male
*License number*: A87637
*NPI:* 1891729968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (760) 742-2782
*Fax:*
*After Hours Phone:* (760) 742-2782
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-8PM, SA 8AM-12PM

**NAGNUR, PRITI**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: A170055
*NPI:* 1316289929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**NAIK, SHILPA**
*Provider ID:* 546498
*Provider Gender:* Female
*License number*: A122868
*NPI:* 1902156904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

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# C. Directorio de proveedores de atención primaria

**NGUYEN, VI T**
*Provider ID:* 546509
*Provider Gender:* Female
*License number*: A144937
*NPI:* 1053540534
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PINTO, ANITA**
*Provider ID:* 546215
*Provider Gender:* Female
*License number*: A75968
*NPI:* 1477663722
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**RODRIGUEZ, ALDO E**
*Provider ID:* 569910
*Provider Gender:* Male
*License number*: A134995
*NPI:* 1508209651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SCOTT, SABRINA I**
*Provider ID:* 206272
*Provider Gender:* Female
*License number*: A143939
*NPI:* 1942599196
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**STENSMAN, LARS M**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: A158569
*NPI:* 1659638062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Danish, French, Norwegian, Swedish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY

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HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PHYSICIANS ASSISTANT**

**ALYAS, ALISIA**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: PA58466
*NPI:* 1437768017
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ALYAS, ALISIA**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: PA58466
*NPI:* 1437768017
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ARMENTA, JORGE**
*Provider ID:* 185267
*Provider Gender:* Male
*License number*: PA13694
*NPI:* 1346382611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**CHAN, TIFFANY C**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: PA23258
*NPI:* 1790111607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LAPINA, LORI L**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: PA23231
*NPI:* 1245670413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MERCER, KELLY C**
*Provider ID:* 185267
*Provider Gender:* Female
*License number*: PA21625
*NPI:* 1154609790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**MERCER, KELLY C**
*Provider ID:* 418501
*Provider Gender:* Female
*License number*: PA21625
*NPI:* 1154609790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**PATEL, SHREYA M**
*Provider ID:* 206354
*Provider Gender:* Female
*License number*: PA18719
*NPI:* 1447468137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TURNER, ERIC M**
*Provider ID:* 206354
*Provider Gender:* Male
*License number*: PA55067
*NPI:* 1669756128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TURNER, SHEREENA T**
*Provider ID:* 418340
*Provider Gender:* Female

*License number*: PA20396
*NPI:* 1992934988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ZAMBRANA, GEORGE M**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: PA16673
*NPI:* 1104836659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## PODIATRIST

**CHARP, KENNETH G**
*Provider ID:* 478971
*Provider Gender:* Male
*License number*: DPM1536
*NPI:* 1841384203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
133 W MAIN ST STE 100
EL CAJON, CA 92020-3325
*Phone:* (619) 873-8940
*Fax:*
*After Hours Phone:* (619) 873-8940
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**JUAREZ, LETICIA J**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: DPM5661
*NPI:* 1508393778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

## REGISTERED PHYSICAL THERAPIST

**CUMMINGS, GEORGE P**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: PT295173
*NPI:* 1497236384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DASCENZO, EMILY D**
*Provider ID:* 569910
*Provider Gender:* Female
*License number*: PT40025
*NPI:* 1952982761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GUTIERREZ, JUSTINE A**
*Provider ID:* 418340
*Provider Gender:* Female
*License number*: PT292482
*NPI:* 1851834873
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MIGNEA, DAVID S**
*Provider ID:* 418340
*Provider Gender:* Male
*License number*: PT293536
*NPI:* 1043736879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

## ENCINITAS

### CERTIFIED NURSE PRACTITIONER

**MACIAS, ALISSA M**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: NP21368
*NPI:* 1952658445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SCHROEDER, MARY L**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: NP14856
*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SCHROEDER, MARY L**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: RN557074
*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SCHROEDER, MARY L**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: NM1617
*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## FAMILY PRACTICE

**NATH, DEVARSHI**
*Provider ID:* 480243
*Provider Gender:* Male
*License number*: C54157
*NPI:* 1275630618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:*
*After Hours Phone:* (760) 753-7842
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SAFI, ROOZCHEHR**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: A116562
*NPI:* 1659563641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:*
*After Hours Phone:* (760) 753-7842
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## FQHC

**TRUECARE,**

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider ID:* 480243
*Provider Gender:*
*License number*: 080000638
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 753-7842
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**MOSTOFIAN, EIMANEH**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: A97181
*NPI:* 1154477628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:*
*After Hours Phone:* (760) 753-7842
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**BRION, SONJA K**
*Provider ID:* 386639
*Provider Gender:* Female
*License number*: A68705
*NPI:* 1306817317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CLEMENTINO, NANCY A**
*Provider ID:* 386643
*Provider Gender:* Female
*License number*: G85653
*NPI:* 1619948619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MENDENHALL, ANNA K**
*Provider ID:* 386635
*Provider Gender:* Female
*License number*: A65279
*NPI:* 1639140650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**METSCH, RANDALL B**
*Provider ID:* 386630
*Provider Gender:* Male
*License number*: G69565
*NPI:* 1619948635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MURPHY, CARMEL C**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: A103940
*NPI:* 1790824787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 753-7842
*Fax:*
*After Hours Phone:* (760) 753-7842
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**TERRY, AMANDA R**
*Provider ID:* 386739
*Provider Gender:* Female
*License number*: A118540
*NPI:* 1861770885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TOLBA, KAMEI B**
*Provider ID:* 386624
*Provider Gender:* Male
*License number*: A72066
*NPI:* 1144221763
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
499 N EL CAMINO REAL STE B100
ENCINITAS, CA 92024-1347
*Phone:* (760) 436-4511
*Fax:* (760) 436-5106
*After Hours Phone:* (760) 436-4511
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### PHYSICIANS ASSISTANT

**CHISWICK, GARY R**
*Provider ID:* 480243
*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FORSMAN, SHANA A**
*Provider ID:* 480243
*Provider Gender:* Female
*License number*: PA19437
*NPI:* 1306026737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## ESCONDIDO

### CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: A36637
*NPI:* 1295747038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

### CERTIFIED NURSE PRACTITIONER

**CARNEY, AMY**
*Provider ID:* 206269
*Provider Gender:* Female
*License number*: NP8169
*NPI:* 1164445227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:*
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HACINAS, REYNALDO O**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: NP95003024
*NPI:* 1215304860
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 767-5051
*Fax:*
*After Hours Phone:* (760) 767-5051
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**KAHL, NICHOLAS D**
*Provider ID:* 588941
*Provider Gender:* Male
*License number*: NP95006360
*NPI:* 1821306598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**KOROGODSKI, ANNA**
*Provider ID:* 588941
*Provider Gender:* Female
*License number*: NP95019424
*NPI:* 1326634890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MITCHELL, CATHY A**
*Provider ID:* 424775
*Provider Gender:* Female
*License number*: NP4799
*NPI:* 1356365365
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TEHRAN, SAGHI J**
*Provider ID:* 588941
*Provider Gender:* Female
*License number*: NP95018423
*NPI:* 1134792245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE

ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**TODD, MIKAYLA S**
*Provider ID:* 588941
*Provider Gender:* Female
*License number*: NP95005999
*NPI:* 1316478092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## CHIROPRACTOR

**ROBINSON, DEAN A**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: DC12036
*NPI:* 1851320337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ZECHA, RONALD S**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: DC28605
*NPI:* 1427252121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

## FAMILY PRACTICE

**AVILA, MICHAEL A**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: A159727
*NPI:* 1962936450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**BISHOP, MELISSA E**

# C. Directorio de proveedores de atención primaria

*Provider ID:* 206271
*Provider Gender:* Female
*License number*: C137521
*NPI:* 1578667077
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**CASTANER, ZALYA**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A139490
*NPI:* 1487072179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CASTANER, ZALYA**
*Provider ID:* 206271
*Provider Gender:* Female
*License number*: A139490
*NPI:* 1487072179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

**COBIAN, VANESSA E**
*Provider ID:* 206271
*Provider Gender:* Female
*License number*: A145349
*NPI:* 1134513039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

**COX, VICTORIA R**
*Provider ID:* 588941
*Provider Gender:* Female
*License number*: C171064
*NPI:* 1093087819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DELGADO, GEORGE, MD**
*Provider ID:* 318978
*Provider Gender:* Male
*License number*: G66807
*NPI:* 1083639470
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
362 W MISSION AVE STE 105
ESCONDIDO, CA 92025-1738
*Phone:* (760) 741-1224
*Fax:* (760) 741-7010
*After Hours Phone:* (760) 741-1224
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FERRAIOLO, NATALIE K**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A152372
*NPI:* 1306290143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**KAUR, JATINDER**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A120771
*NPI:* 1912141391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**LAI, AMARA J**
*Provider ID:* 206271
*Provider Gender:* Female
*License number*: A120348
*NPI:* 1790912855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM

**MCHENRY, KATHRYN D**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: 20A14292
*NPI:* 1326458373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**MORALES LITCHARD, CARMEN L**
*Provider ID:* 419344
*Provider Gender:* Female
*License number*: A140992
*NPI:* 1033534672
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**NAKAMURA, MELANIE A**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A107557
*NPI:* 1104022672
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**OTANEZ CERVANTES, JORGE A**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: A153220
*NPI:* 1457734675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**PATEL, JITENBHAI J**
*Provider ID:* 206269
*Provider Gender:* Male
*License number*: A94128
*NPI:* 1902921406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:*
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**PATEL, JITENBHAI J**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: A94128
*NPI:* 1902921406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PATEL, JITENBHAI J**
*Provider ID:* 206271
*Provider Gender:* Male
*License number*: A94128
*NPI:* 1902921406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**RADFORD, JAMES A**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: 20A17662
*NPI:* 1023188026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Valley Med Ctr
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

**RASHCOVSKY SCHIFF, KARIN**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A82173
*NPI:* 1699706333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SAENZ ZAVALA, GUILLERMO**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: A153513
*NPI:* 1720475478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Riverside Community Hosp
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

**SANDHU, BASANT S**
*Provider ID:* 206271
*Provider Gender:* Male
*License number*: A140398
*NPI:* 1265795744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Hindi, Punjabi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

**SAROKI, KAREN A**
*Provider ID:* 430837
*Provider Gender:* Female
*License number*: A105032
*NPI:* 1215157284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
362 W MISSION AVE STE 105
ESCONDIDO, CA 92025-1738
*Phone:* (760) 741-1224
*Fax:* (888) 815-1761
*After Hours Phone:* (760) 741-1224
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SCHULTZ, JAMES H**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: G61829
*NPI:* 1356376164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SCHULTZ, JAMES H**
*Provider ID:* 206271
*Provider Gender:* Male
*License number*: G61829
*NPI:* 1356376164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**TANTOD, KULIN R**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: A109655
*NPI:* 1902058928
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**THOMPSON, CHERYL E**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A102687
*NPI:* 1548429863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**FQHC**

**CENTRO MEDICO ESCONDIDO,**
*Provider ID:* 419344
*Provider Gender:*
*License number*: 550001260
*NPI:* 1023349883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:* (858) 634-6918
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

**NEIGHBORHOOD HEALTHCARE ESCONDIDO,**
*Provider ID:* 206270
*Provider Gender:*
*License number*: 080000397
*NPI:* 1598703647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (360) 462-2752
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**NEIGHBORHOOD HEALTHCARE GRAND AVE,**
*Provider ID:* 206269
*Provider Gender:*
*License number*: 550000697
*NPI:* 1487826772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*

IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NEIGHBORHOOD HEALTHCARE GRAND AVE,**
*Provider ID:* 206269
*Provider Gender:*
*License number*: 080000397
*NPI:* 1487826772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NEIGHBORHOOD HEALTHCARE GRAND AVE,**
*Provider ID:* 206269
*Provider Gender:*
*License number*: 080000483
*NPI:* 1487826772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (360) 462-2749
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL,**
*Provider ID:* 424775
*Provider Gender:*
*License number*: 550000511
*NPI:* 1437335353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:* (360) 462-2747
*After Hours Phone:* (760) 690-5900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL,**
*Provider ID:* 206266
*Provider Gender:*
*License number*:
*NPI:* 1265618185
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8340
*Fax:* (360) 462-2752
*After Hours Phone:* (760) 520-8340
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

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**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,**
*Provider ID:* 206271
*Provider Gender:*
*License number*: 080000158
*NPI:* 1720264641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (360) 462-2748
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,**
*Provider ID:* 588941
*Provider Gender:*
*License number*:
*NPI:* 1801438239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:* (619) 662-7952
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## GENERAL PRACTICE

**WATSON, THOMAS L , MD**
*Provider ID:* 383999
*Provider Gender:* Male
*License number*: A52193
*NPI:* 1104865781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
303 S JUNIPER ST
ESCONDIDO, CA 92025-4924
*Phone:* (760) 480-9051
*Fax:* (760) 480-9054
*After Hours Phone:* (760) 480-9051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M,TU,TH,F 9AM-5PM, W 9AM-1PM, SA 9AM-5PM

**WATSON, THOMAS L , MD**
*Provider ID:* 80659
*Provider Gender:* Male
*License number*: A52193
*NPI:* 1104865781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
301 E WASHINGTON AVE STE B
ESCONDIDO, CA 92025-2855
*Phone:* (760) 480-9051
*Fax:* (760) 480-9054
*After Hours Phone:* (760) 480-9051
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 9AM-5PM, W 9AM-1PM, SA 9AM-5PM

## INTERNAL MEDICINE

**CARRERA, JORGE A**
*Provider ID:* 588941
*Provider Gender:* Male
*License number*: G58033
*NPI:* 1184728586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHEN, MARGARET K**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A61751
*NPI:* 1659305084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**KAUFER, DAVID I**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: G80107
*NPI:* 1710082789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**LAU, BENISON C**
*Provider ID:* 206269
*Provider Gender:* Male
*License number*: A161074
*NPI:* 1255726154
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:*
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NARAYAN, ARCHANA**
*Provider ID:* 206269
*Provider Gender:* Female
*License number*: A101773
*NPI:* 1003053950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:*
*After Hours Phone:* (760) 520-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RATNIEWSKI, ALFREDO**
*Provider ID:* 419344
*Provider Gender:* Male

*License number*: C42220
*NPI:* 1689768459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**VETTICADEN, SANTOSH J**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: C53062
*NPI:* 1679102461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

## PEDIATRICS

**AGUILAR, EDITA S**
*Provider ID:* 206266
*Provider Gender:* Female
*License number*: A56054
*NPI:* 1467407411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8340
*Fax:*
*After Hours Phone:* (760) 520-8340
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**AGUILAR, EDITA S**
*Provider ID:* 424775
*Provider Gender:* Female
*License number*: A56054
*NPI:* 1467407411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ALDANA, NANCY V**
*Provider ID:* 424775
*Provider Gender:* Female
*License number*: A62467
*NPI:* 1558371963
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900

*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHOW, BYRON C**
*Provider ID:* 206270
*Provider Gender:* Male
*License number*: A78116
*NPI:* 1619907607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**COHEN, CARA E**
*Provider ID:* 59178
*Provider Gender:* Female
*License number*: G83617
*NPI:* 1215021274
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**COULLAHAN, JESSICA M**
*Provider ID:* 102560
*Provider Gender:* Female
*License number*: A95336
*NPI:* 1750579108
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CURET, ZULMA**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A119661
*NPI:* 1841561107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DOSHI, NEELIMA G**
*Provider ID:* 206266

*Provider Gender:* Female
*License number*: A67626
*NPI:* 1417921578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8340
*Fax:*
*After Hours Phone:* (760) 520-8340
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DOSHI, NEELIMA G**
*Provider ID:* 424775
*Provider Gender:* Female
*License number*: A67626
*NPI:* 1417921578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**IBRAHIM, MAGED F**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: C141296
*NPI:* 1306852934
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Riverside Community Hosp
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

**MALEKSHAMRAN, KEYVAN**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: A94845
*NPI:* 1952466112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**MARTINEZ, ASHLEY R**
*Provider ID:* 524530
*Provider Gender:* Female
*License number*: A146820
*NPI:* 1649667379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428

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*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8:30AM-12PM

**PAYNE, ELIZABETH E**
*Provider ID:* 26991
*Provider Gender:* Female
*License number*: G74067
*NPI:* 1043229305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Palomar Heatlh, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8:30AM-12PM

**SOCHA, TRACI E**
*Provider ID:* 22973
*Provider Gender:* Female
*License number*: 20A7862
*NPI:* 1669478616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
215 S HICKORY ST STE 126
ESCONDIDO, CA 92025-4360
*Phone:* (760) 745-7313
*Fax:* (760) 745-6360
*After Hours Phone:* (760) 745-7313
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:45PM, SA 9AM-5PM

**STEELE, LAUREN E**
*Provider ID:* 529261
*Provider Gender:* Female
*License number*: A132448
*NPI:* 1780028340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8:30AM-12PM

**STERNFELD, SHARON R**
*Provider ID:* 56437
*Provider Gender:* Female
*License number*: A61025
*NPI:* 1184695108
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**STRAZICICH, KARLA A**
*Provider ID:* 206270
*Provider Gender:* Female
*License number*: A45413
*NPI:* 1134154958
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**TELLECHEA-SANCHEZ, SELMIRA**
*Provider ID:* 424775
*Provider Gender:* Female
*License number*: G83438
*NPI:* 1730288747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**WOSK, BERNARD**
*Provider ID:* 419344
*Provider Gender:* Male
*License number*: A49350
*NPI:* 1033154984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:*
*After Hours Phone:* (760) 871-0606
*Website:* n
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**ZANDKARIMI, FARIBA**
*Provider ID:* 87737
*Provider Gender:* Female
*License number*: A46161
*NPI:* 1356373674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
240 W MISSION AVE STE A
ESCONDIDO, CA 92025-1700
*Phone:* (760) 747-5400
*Fax:* (760) 747-2286
*After Hours Phone:* (760) 747-5400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SU 8AM-5PM

## PHYSICIANS ASSISTANT

**BAISLEY, SHAWN M**
*Provider ID:* 588941
*Provider Gender:* Male
*License number*: PA52347
*NPI:* 1376936120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SAVILLE, KUN**
*Provider ID:* 206269
*Provider Gender:* Female
*License number*: PA51508
*NPI:* 1518377894
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 850-8200
*Fax:*
*After Hours Phone:* (760) 850-8200
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SHARPE, NORMA A**
*Provider ID:* 588941
*Provider Gender:* Female
*License number*: PA20490
*NPI:* 1619100237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**PODIATRIST**

**NEGRON, RICARDO J**
*Provider ID:* 206271
*Provider Gender:* Male
*License number*: DPM5260
*NPI:* 1932548393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:*
*After Hours Phone:* (760) 737-6900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

## FALLBROOK

**FAMILY PRACTICE**

**PAPALIA, SARAH A**
*Provider ID:* 183910
*Provider Gender:* Female
*License number*: A144436
*NPI:* 1336572676
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4720
*Fax:*
*After Hours Phone:* (760) 451-4720
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W

*Hours:* M-SA 9AM-5PM

**FQHC**

**FALLBROOK FAMILY HLTH CTR,**
*Provider ID:* 183910
*Provider Gender:*
*License number*: 080000150
*NPI:* 1982756086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4720
*Fax:* (760) 451-4700
*After Hours Phone:* (760) 451-4720
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

**OBSTETRICS / GYNECOLOGY**

**PEARSON, LAWRENCE F**
*Provider ID:* 183910
*Provider Gender:* Male
*License number*: G37412
*NPI:* 1538234190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4720
*Fax:*
*After Hours Phone:* (760) 451-4720
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**PEDIATRICS**

**DEL RE, AMANDA M**
*Provider ID:* 238960
*Provider Gender:* Female
*License number*: A129568
*NPI:* 1548499957
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1107 S MISSION RD
FALLBROOK, CA 92028-3224
*Phone:* (760) 451-0070
*Fax:* (760) 451-1499
*After Hours Phone:* (760) 451-0070
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LINARES, YENDI N**
*Provider ID:* 538068
*Provider Gender:* Female
*License number*: A148629
*NPI:* 1336674886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1107 S MISSION RD
FALLBROOK, CA 92028-3224
*Phone:* (760) 451-0070
*Fax:* (760) 451-1499
*After Hours Phone:* (760) 451-0070
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PAIK, JULIANA S**
*Provider ID:* 504522
*Provider Gender:* Female
*License number*: A73973
*NPI:* 1528167087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1107 S MISSION RD
FALLBROOK, CA 92028-3224
*Phone:* (760) 451-0070
*Fax:* (760) 451-1499
*After Hours Phone:* (760) 451-0070
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ROBINSON, DAISY A**
*Provider ID:* 230579
*Provider Gender:* Female
*License number*: A56278
*NPI:* 1659389740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
321 E ALVARADO ST
FALLBROOK, CA 92028-2912
*Phone:* (760) 723-6200
*Fax:* (760) 723-6215
*After Hours Phone:* (760) 723-6200
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-4PM, F,SA 9AM-5PM

**VU, WENDY**
*Provider ID:* 183910
*Provider Gender:* Female
*License number*: A169529
*NPI:* 1508148370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4770
*Fax:*
*After Hours Phone:* (760) 451-4770
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-7:30PM, SA 8AM-5PM

## IMPERIAL BEACH

### CERTIFIED NURSE PRACTITIONER

**O'BRIEN, FRANCESCA A**
*Provider ID:* 179678
*Provider Gender:* Female
*License number*: NP95005211
*NPI:* 1649720756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-SA 9AM-5PM

### FAMILY PRACTICE

**JOHNSON, DANIEL W**
*Provider ID:* 179678
*Provider Gender:* Male
*License number*: 20A9393
*NPI:* 1245311216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503

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*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-TH 8:30AM-9PM, F 8:30AM-5PM, SA 8:30AM-2PM

**LEUTE, ERIC J**
*Provider ID:* 179678
*Provider Gender:* Male
*License number*: A80832
*NPI:* 1720171507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-SA 9AM-5PM

## FQHC

**IMPERIAL BEACH HEALTH CENTER,**
*Provider ID:* 179678
*Provider Gender:*
*License number*: 090000119
*NPI:* 1790718351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## INTERNAL MEDICINE

**RYAN, DANA A**
*Provider ID:* 179678
*Provider Gender:* Female
*License number*: A66830
*NPI:* 1780609990
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**DOKICH, SRETENKA**
*Provider ID:* 179678
*Provider Gender:* Female
*License number*: A51447
*NPI:* 1154409035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, E, R, W
*Hours:* M-SA 9AM-5PM

## JULIAN

### CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**
*Provider ID:* 185180
*Provider Gender:* Male
*License number*: A36637
*NPI:* 1295747038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
2721 WASHINGTON ST
JULIAN, CA 92036-9233
*Phone:* (760) 765-1223
*Fax:* (760) 765-1278
*After Hours Phone:* (760) 765-1223
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

### FQHC

**JULIAN MEDICAL CENTER,**
*Provider ID:* 185180
*Provider Gender:*
*License number*: 080000651
*NPI:* 1700946969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
BORREGO COMMUNITY HEALTH FOUNDTION
2721 WASHINGTON ST
JULIAN, CA 92036-9233
*Phone:* (760) 765-1223
*Fax:* (760) 765-1278
*After Hours Phone:* (760) 765-1223
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## LA JOLLA

### PEDIATRICS

**GAINOR, GRETCHEN C**
*Provider ID:* 537752
*Provider Gender:* Female
*License number*: G79066
*NPI:* 1174504757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037-5138
*Phone:* (858) 459-4351
*Fax:* (858) 459-4399
*After Hours Phone:* (858) 459-4351
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GANDHI, SHEETAL N**
*Provider ID:* 282029
*Provider Gender:* Female
*License number*: A81898
*NPI:* 1700858859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4150 REGENTS PARK ROW STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HUNTER, WENDY L**
*Provider ID:* 377597
*Provider Gender:* Female
*License number*: A94607
*NPI:* 1053515551
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037-5138
*Phone:* (858) 459-4351
*Fax:* (858) 459-4399
*After Hours Phone:* (858) 459-4351
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**JAMES, VERONIQUE M**
*Provider ID:* 9959
*Provider Gender:* Female
*License number*: C50068
*NPI:* 1700857703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4150 REGENTS PARK ROW STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**LYM, RYAN L**
*Provider ID:* 477104
*Provider Gender:* Male
*License number*: A152493
*NPI:* 1114389491
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037-5138
*Phone:* (858) 459-4351
*Fax:*
*After Hours Phone:* (858) 459-4351
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PARSONS, GENEVIEVE N**
*Provider ID:* 24122
*Provider Gender:* Female
*License number*: A91825
*NPI:* 1699700914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037-5138
*Phone:* (858) 459-4351
*Fax:* (858) 459-4399
*After Hours Phone:* (858) 459-4351
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ROBERTS, KENDALL R**
*Provider ID:* 48933
*Provider Gender:* Male
*License number*: A66977
*NPI:* 1265762033
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

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4150 REGENTS PARK ROW
STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SHAH, MEERA T**
*Provider ID:* 145167
*Provider Gender:* Female
*License number*: A111054
*NPI:* 1720300239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4150 REGENTS PARK ROW
STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TUNG, VIVIAN V**
*Provider ID:* 11291
*Provider Gender:* Female
*License number*: A78067
*NPI:* 1285665133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7300 GIRARD AVE STE 106
LA JOLLA, CA 92037-5138
*Phone:* (858) 459-4351
*Fax:* (858) 459-4399
*After Hours Phone:* (858) 459-4351
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TWITO, TORY R**
*Provider ID:* 465383
*Provider Gender:* Female
*License number*: 20A12114
*NPI:* 1073838611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4150 REGENTS PARK ROW
STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

## LA MESA

### CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**
*Provider ID:* 480827
*Provider Gender:* Male
*License number*: A36637
*NPI:* 1295747038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 401-0404
*Fax:*
*After Hours Phone:* (619) 401-0404

*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FAMILY PRACTICE**

**BROWN, ANDREW J**
*Provider ID:* 470836
*Provider Gender:* Male
*License number*: A154289
*NPI:* 1629430814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 205
LA MESA, CA 91942-3187
*Phone:* (619) 270-4388
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 270-4388
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BROWN, ANDREW J**
*Provider ID:* 470837
*Provider Gender:* Male
*License number*: A154289
*NPI:* 1629430814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**GURTCH, TIM P**
*Provider ID:* 395107
*Provider Gender:* Male
*License number*: C50806
*NPI:* 1881694776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8875 LA MESA BLVD STE C
LA MESA, CA 91942-5434
*Phone:* (619) 668-8100
*Fax:* (619) 667-2688
*After Hours Phone:* (619) 668-8100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FQHC**

**LA MESA PEDIATRICS,**
*Provider ID:* 480827
*Provider Gender:*
*License number*: 550000430
*NPI:* 1033759311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**INTERNAL MEDICINE**

**PRABAKER, VENUGOPAL, MD**
*Provider ID:* 41067
*Provider Gender:* Male
*License number*: A42653
*NPI:* 1467401042
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Polish, Russian, Spanish, Tagalog, Tamil, Thai
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE I
LA MESA, CA 91942-7435
*Phone:* (619) 698-0606
*Fax:* (619) 698-0609
*After Hours Phone:* (619) 698-0606
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5:30PM, SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**BULLOCH, EDGAR M**
*Provider ID:* 480827
*Provider Gender:* Male
*License number*: A113241
*NPI:* 1508046376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DAVIS, TRACIE L**
*Provider ID:* 480827
*Provider Gender:* Female
*License number*: A89865
*NPI:* 1275680738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MODI, MONICA N**
*Provider ID:* 480827
*Provider Gender:* Female
*License number*: A150637
*NPI:* 1619116605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PAPA, RHETT R**
*Provider ID:* 480827
*Provider Gender:* Male
*License number*: 20A11733
*NPI:* 1063642312
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PEDIATRICS**

**ADIGOPULA, BINA**
*Provider ID:* 44140
*Provider Gender:* Female
*License number*: A45273
*NPI:* 1982686200
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6942 UNIVERSITY AVE STE A
LA MESA, CA 91942-5963
*Phone:* (619) 698-2184
*Fax:* (619) 698-2084
*After Hours Phone:* (619) 698-2184
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**ALSHEIKH, HUDA Y**
*Provider ID:* 435468
*Provider Gender:* Female
*License number*: C133872
*NPI:* 1487746855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 7:30AM-6PM, W-F 7:30AM-6:30PM, SA 8:30AM-5PM

**ALSHEIKH, HUDA Y**
*Provider ID:* 451191
*Provider Gender:* Female
*License number*: C133872
*NPI:* 1487746855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 205
LA MESA, CA 91942-3187
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 7:30AM-6PM, W-F 7:30AM-6:30PM, SA 8:30AM-5PM

**ALSHEIKH, HUDA Y**
*Provider ID:* 480827
*Provider Gender:* Female
*License number*: C133872
*NPI:* 1487746855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
BORREGO COMMUNITY HEALTH FOUNDTION
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No

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♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CLAY, CORRIE T**
*Provider ID:* 536652
*Provider Gender:* Female
*License number*: A91977
*NPI:* 1437207750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6PM, SA 11:30AM-3:30PM

**GIANFORTUNE, RACHEL M**
*Provider ID:* 433091
*Provider Gender:* Female
*License number*: A94327
*NPI:* 1912193301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
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*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GIANFORTUNE, RACHEL M**
*Provider ID:* 450501
*Provider Gender:* Female
*License number*: A94327
*NPI:* 1912193301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 205
LA MESA, CA 91942-3187
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**IMUS, PAUL M**
*Provider ID:* 239590
*Provider Gender:* Male
*License number*: A124606
*NPI:* 1104116680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

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**MOFFATT, KYRRA**
*Provider ID:* 275099
*Provider Gender:* Female
*License number*: 20A10604
*NPI:* 1194922419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MOLINOS, NICOLE P**
*Provider ID:* 538098
*Provider Gender:* Female
*License number*: A166790
*NPI:* 1538685524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6942 UNIVERSITY AVE STE A
LA MESA, CA 91942-5963
*Phone:* (619) 698-2184
*Fax:* (619) 698-2084
*After Hours Phone:* (619) 698-2184
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RONQUILLO, RINA R**
*Provider ID:* 377359
*Provider Gender:* Female
*License number*: A99286
*NPI:* 1407047749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Sharp Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SHORT, RICHARD L**
*Provider ID:* 60736
*Provider Gender:* Male
*License number*: G37177
*NPI:* 1568552727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6PM, SA 11:30AM-3:30PM

## LAKESIDE

### CHIROPRACTOR

**PAGE, BIANCA M**
*Provider ID:* 353843
*Provider Gender:* Female
*License number*: DC33688
*NPI:* 1649787607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FAMILY PRACTICE**

**FERRAIOLO, NATALIE K**
*Provider ID:* 353843
*Provider Gender:* Female
*License number*: A152372
*NPI:* 1306290143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZAMPELLO, LISA E**
*Provider ID:* 353843
*Provider Gender:* Female
*License number*: A145924
*NPI:* 1477933026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FQHC**

**NEIGHBORHOOD HEALTHCARE LAKESIDE,**
*Provider ID:* 353843
*Provider Gender:*
*License number*: 080000483
*NPI:* 1932384120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:* (360) 462-2744
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**INTERNAL MEDICINE**

**MCFARLAND, NATHAN A**
*Provider ID:* 353843
*Provider Gender:* Male
*License number*: A75411
*NPI:* 1265462196
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120

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*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PREVENTATIVE MEDICINE GENERAL**

**MANNINO, ELIZABETH A**
*Provider ID:* 353843
*Provider Gender:* Female
*License number*: A43914
*NPI:* 1548290463
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LEMON GROVE**

**CERTIFIED NURSE PRACTITIONER**

**ALLEN, KATHERINE L**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: NP95009933
*NPI:* 1831557024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**ARVIZU, PALOMA**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: NP95008782
*NPI:* 1689139396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
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*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SMITH, SHARON T**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: NP15444
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**SMITH, SHARON T**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: RN428876
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**TOTH, JESSICA R**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: NP95001050
*NPI:* 1578993788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

## FAMILY PRACTICE

**KIM, YUHEE**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A107323
*NPI:* 1629289400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

## FQHC

**LEMON GROVE FAMILY HEALTH CENTER,**
*Provider ID:* 419139
*Provider Gender:*
*License number*: 550001268
*NPI:* 1427282466
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:* (619) 825-9577
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

## INTERNAL MEDICINE

**GALLARES, DANIEL D**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: A165925
*NPI:* 1245689488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
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*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
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*Medi-Cal Open Panel:* Yes
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*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
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*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
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*After Hours Phone:* (619) 515-2550
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
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*Website:*
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*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* P, EB, IB, E, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
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*After Hours Phone:* (619) 515-2550
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2500
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*Website:*
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA

9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
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*Email:*
*Medi-Cal Open Panel:* Yes
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*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2500
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*After Hours Phone:* (619) 515-2500
*Website:*
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## PEDIATRICS

**SLEIMAN, JOSEPH N**
*Provider ID:* 419139
*Provider Gender:* Male

*License number*: A102060
*NPI:* 1093976748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**PHYSICIANS ASSISTANT**

**FLEMING, DAVID E**
*Provider ID:* 419139
*Provider Gender:* Male
*License number*: PA12416
*NPI:* 1932329505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
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*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

**GODDARD, SHANNON**
*Provider ID:* 419139
*Provider Gender:* Female
*License number*: PA56072
*NPI:* 1780961417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

## NATIONAL CITY

**CERTIFIED NURSE PRACTITIONER**

**AQUINO, FELINO V**
*Provider ID:* 417102
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM

**AQUINO, FELINO V**
*Provider ID:* 418302
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208

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*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DACANAY-HERMAN, ROWENA S**
*Provider ID:* 417102
*Provider Gender:* Female
*License number*: NP22378
*NPI:* 1144689175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DACANAY-HERMAN, ROWENA S**
*Provider ID:* 418302
*Provider Gender:* Female
*License number*: NP22378
*NPI:* 1144689175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA 91950-6208
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DHARKAR SURBER, SAPNA A**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95013257
*NPI:* 1538707765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7310
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**LIM, IMELDA B**
*Provider ID:* 417102
*Provider Gender:* Female
*License number*: NP95000203
*NPI:* 1093130395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**LIM, IMELDA B**
*Provider ID:* 418302
*Provider Gender:* Female
*License number*: NP95000203
*NPI:* 1093130395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LUM, YUIN-WAH**
*Provider ID:* 418930
*Provider Gender:* Female
*License number*: NP95010663
*NPI:* 1942764477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:*
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**MILTON, JILL F**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP13612
*NPI:* 1598757270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**NEVAREZ, IRENE**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95009891
*NPI:* 1003166646
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 564-8765
*Fax:*
*After Hours Phone:* (619) 564-8765
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**OCHOA, ERLINDA A**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP4430
*NPI:* 1346437464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**REAL, MARIA F**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP17328
*NPI:* 1548450471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
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*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**REID, EMILY**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**VERDUZCO GONZALEZ, AURORA B**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95001961
*NPI:* 1932452323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**VILLANUEVA DE GUTIE, BERENICE**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95002188
*NPI:* 1952795536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA

9AM-5PM

**WILLIAMS, BREAHNA A**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## FAMILY PRACTICE

**ALGHAMDI, ASMA M**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A167529
*NPI:* 1316310840
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BAEZ, BEATRICE E**
*Provider ID:* 417102
*Provider Gender:* Female
*License number*: A74777
*NPI:* 1245372507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**BAEZ, BEATRICE E , MD**
*Provider ID:* 455677
*Provider Gender:* Female
*License number*: A74777
*NPI:* 1245372507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (619) 474-3919
*After Hours Phone:* (844) 200-2426
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**CAMPBELL, BRIANNA N**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A157488
*NPI:* 1316479892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Chula Vista Comm Hosp

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**CARRIEDO CENICEROS, MARIA T**
*Provider ID:* 227412
*Provider Gender:* Female
*License number*: A78373
*NPI:* 1295746618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 336-2300
*Fax:*
*After Hours Phone:* (619) 336-2300
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CEVALLOS, JAMES E**
*Provider ID:* 227412
*Provider Gender:* Male
*License number*: A55469
*NPI:* 1720181829
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 662-4100
*Fax:* (619) 474-3722
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DAMASCO GUTIERREZ, DAISY C**
*Provider ID:* 418302
*Provider Gender:* Female
*License number*: A66993
*NPI:* 1700841582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Board Certified Specialty:* No
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA 91950-6208
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DANGREMOND, ADRIANNA J**
*Provider ID:* 418930
*Provider Gender:* Female
*License number*: G138260
*NPI:* 1508802828
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:*
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**DILLON, MAYRA M**
*Provider ID:* 227412
*Provider Gender:* Female
*License number*: A112571
*NPI:* 1629232715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 662-4100
*Fax:* (619) 336-2323
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**HERNANDEZ, JOANNA L**
*Provider ID:* 227412
*Provider Gender:* Female
*License number*: A138919
*NPI:* 1154749315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HOLTZMAN, AURY L**
*Provider ID:* 418302
*Provider Gender:* Male
*License number*: A43970
*NPI:* 1548462567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA 91950-6208
*Phone:* (844) 200-2624
*Fax:*
*After Hours Phone:* (844) 200-2624
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LANUZA, MARK J**
*Provider ID:* 418930
*Provider Gender:* Male
*License number*: 20A18460
*NPI:* 1992230593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:*
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM

**LAW, KAREN**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A138534
*NPI:* 1205253150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Chula Vista

Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MCKENNETT, MARIANNE A , MD**
*Provider ID:* 447682
*Provider Gender:* Female
*License number*: G57243
*NPI:* 1376639666
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE STE B
NATIONAL CITY, CA 91950-7406
*Phone:* (844) 200-2426
*Fax:* (619) 339-5657
*After Hours Phone:* (844) 200-2426
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**MEDINA, ALEXANDER R**
*Provider ID:* 361428
*Provider Gender:* Male
*License number*: A133539
*NPI:* 1467714436
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
330 E 8TH ST
NATIONAL CITY, CA 91950-2312
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MOHAMEDI, NADIA A**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A146819
*NPI:* 1477947364
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NAVARRO, VANESSA M**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A113624
*NPI:* 1952563421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Filipino, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956

*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**NIKZAD, JASON**
*Provider ID:* 361428
*Provider Gender:* Male
*License number*: 20A12653
*NPI:* 1508121674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
330 E 8TH ST
NATIONAL CITY, CA 91950-2312
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**OCEGUEDA, JOSHUA A**
*Provider ID:* 227412
*Provider Gender:* Male
*License number*: A165184
*NPI:* 1336643345
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PALACIOS, YELENNIA**
*Provider ID:* 503938
*Provider Gender:* Female
*License number*: A152662
*NPI:* 1285088013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE STE A
NATIONAL CITY, CA 91950-7406
*Phone:* (619) 474-4451
*Fax:*
*After Hours Phone:* (619) 474-4451
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ROBERTS, POMAI**
*Provider ID:* 227412
*Provider Gender:* Female
*License number*: A103218
*NPI:* 1023278314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 428-4463
*Fax:*
*After Hours Phone:* (619) 428-4463
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SERPAS, SHAILA, MD**
*Provider ID:* 449099
*Provider Gender:* Female

*License number*: G74728
*NPI:* 1124039136
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE
NATIONAL CITY, CA
91950-7404
*Phone:* (844) 800-2426
*Fax:* (619) 339-5657
*After Hours Phone:* (844) 800-2426
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**SEVILLA, MARIANITO D , MD**
*Provider ID:* 80910
*Provider Gender:* Male
*License number*: A37097
*NPI:* 1760574727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2340 E 8TH ST STE D
NATIONAL CITY, CA
91950-2875
*Phone:* (619) 470-7007
*Fax:* (619) 470-9379
*After Hours Phone:* (619) 470-7007
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9:30AM-2PM, SA 9AM-5PM

**SNOOK, BRIAN P**
*Provider ID:* 227418
*Provider Gender:* Male
*License number*: 20A11518
*NPI:* 1295977353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:* (619) 259-2806
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**VELASQUEZ, SHARON F**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A71304
*NPI:* 1972732584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**FQHC**

**FAMILY HEALTH CTR SD NATIONAL CITY,**
*Provider ID:* 418930
*Provider Gender:*
*License number*: 550000465
*NPI:* 1417409228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*

FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM

**LA MAESTRA FAMILY CLINIC INC,**
*Provider ID:* 185270
*Provider Gender:*
*License number*:
*NPI:* 1336353721
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7310
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM

**OPERATION SAMAHAN - NATIONAL C,**
*Provider ID:* 417102
*Provider Gender:*
*License number*: 090000183
*NPI:* 1801907449
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (619) 474-3919
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM

**OPERATION SAMAHAN GRANGER SCHOOL BASED,**
*Provider ID:* 418302
*Provider Gender:*
*License number*: 550002622
*NPI:* 1205134517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
*Phone:* (844) 200-2426
*Fax:* (619) 434-8999
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH NATIONAL CITY,**
*Provider ID:* 227412
*Provider Gender:*
*License number*:
*NPI:* 1003869363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA
91950-3412
*Phone:* (619) 662-4100
*Fax:* (619) 336-2323
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH PARADISE HILLS,**
*Provider ID:* 227418
*Provider Gender:*
*License number*:
*NPI:* 1598907487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH SOUTH BAY,**
*Provider ID:* 361428
*Provider Gender:*
*License number*:
*NPI:* 1851757215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
330 E 8TH ST
NATIONAL CITY, CA 91950-2312
*Phone:* (619) 662-4100
*Fax:* (619) 259-2807
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## HEPATOLOGY

**GISH, ROBERT G**
*Provider ID:* 185270
*Provider Gender:* Male
*License number*: G45632
*NPI:* 1548281322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Providence Santa Rosa Memorial Hospital, Ucsd Medical Ctr, Stanford Health Care, California Pacific Med Ctr, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Loma Linda University Comm Med Ctr, Regional Medical Ctr Of San Jose
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## INTERNAL MEDICINE

**ALTAVAS, VALERIE C , MD**
*Provider ID:* 57963
*Provider Gender:* Female
*License number*: C52243
*NPI:* 1245231174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 209
NATIONAL CITY, CA 91950-2970
*Phone:* (619) 470-7000
*Fax:* (619) 470-7009
*After Hours Phone:* (619) 470-7000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BAUTISTA, ARWINNAH**
*Provider ID:* 383973
*Provider Gender:* Female
*License number*: C51221
*NPI:* 1073579173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1430 E PLAZA BLVD STE E19A
NATIONAL CITY, CA 91950-3690
*Phone:* (619) 434-2813
*Fax:* (855) 631-3720
*After Hours Phone:* (619) 434-2813
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 10AM-6PM, SA 9AM-5PM

**BRAVERMAN, IRA R**
*Provider ID:* 10635
*Provider Gender:* Male
*License number*: A37912
*NPI:* 1124039755
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950-2952
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HEKMAT, RAZI D**
*Provider ID:* 78388
*Provider Gender:* Male
*License number*: A75886
*NPI:* 1871501205
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950-2952
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**LAMANTIA, MICHELE A**
*Provider ID:* 227412
*Provider Gender:* Female
*License number*: G71855
*NPI:* 1124176102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 428-4463
*Fax:*
*After Hours Phone:* (619) 428-4463
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**LAMANTIA, MICHELE A**
*Provider ID:* 361428
*Provider Gender:* Female
*License number*: G71855
*NPI:* 1124176102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
330 E 8TH ST
NATIONAL CITY, CA 91950-2312
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NIGUIDULA, TROY H**
*Provider ID:* 413964
*Provider Gender:* Male
*License number*: A92543
*NPI:* 1215948849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE
NATIONAL CITY, CA 91950-2951
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SACAMAY, ELENA MARIA B , MD**
*Provider ID:* 109971
*Provider Gender:* Female
*License number*: A63422
*NPI:* 1992777882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 209
NATIONAL CITY, CA 91950-2970
*Phone:* (619) 470-7000
*Fax:* (619) 470-7009
*After Hours Phone:* (619) 470-7000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TIANGCO, IRINEO D**
*Provider ID:* 103444
*Provider Gender:* Male
*License number*: A52655
*NPI:* 1245322213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2340 E 8TH ST STE J
NATIONAL CITY, CA 91950-2876
*Phone:* (619) 479-0320
*Fax:* (619) 479-0367
*After Hours Phone:* (619) 479-0320
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W 9:30AM-5:30PM, TU,TH 8:30AM-5PM, F 8:30AM-12:30PM, SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ASLIAN, AZITA**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: A118227
*NPI:* 1851667661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Fataleka
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Global Medical Center, Menifee Global Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN

CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**FAKSH, ARIJ**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**ASSER, SETH M**
*Provider ID:* 227412
*Provider Gender:* Male
*License number*: G46444
*NPI:* 1205049038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA
91950-3412
*Phone:* (619) 662-4100
*Fax:* (619) 474-3722
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**BAILONY, AHMAD L**
*Provider ID:* 146949
*Provider Gender:* Male
*License number*: A108665
*NPI:* 1790914422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 205
NATIONAL CITY, CA
91950-2967
*Phone:* (619) 470-1945
*Fax:* (619) 475-5048
*After Hours Phone:* (619) 470-1945
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BAILONY, MOHAMMED T**
*Provider ID:* 30132
*Provider Gender:* Male
*License number*: A34406
*NPI:* 1376625913
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista

# C. Directorio de proveedores de atención primaria

*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950-2967
*Phone:* (619) 470-1945
*Fax:* (619) 475-5048
*After Hours Phone:* (619) 470-1945
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BARBADILLO, TERESITA T**
*Provider ID:* 84258
*Provider Gender:* Female
*License number*: A38742
*NPI:* 1952416695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 201
NATIONAL CITY, CA 91950-2966
*Phone:* (619) 267-8601
*Fax:* (619) 267-2242
*After Hours Phone:* (619) 267-8601
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BONSU, BEMA K**
*Provider ID:* 227412
*Provider Gender:* Male
*License number*: C55180
*NPI:* 1932106986
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1136 D AVE
NATIONAL CITY, CA 91950-3412
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CONE, STEPHANIE E**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: A123929
*NPI:* 1437444858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**FRESNO, BLANCA I**
*Provider ID:* 102433
*Provider Gender:* Female
*License number*: A45205
*NPI:* 1346258787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950-2968

*Phone:* (619) 475-4575
*Fax:* (619) 475-4578
*After Hours Phone:* (619) 475-4575
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM

**GARCIA, RAFAEL A**
*Provider ID:* 84954
*Provider Gender:* Male
*License number*: A50715
*NPI:* 1053414086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
610 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 527-7700
*Fax:* (619) 527-3226
*After Hours Phone:* (619) 527-7700
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HIPOLITO, CECILIA L**
*Provider ID:* 418930
*Provider Gender:* Female
*License number*: A145850
*NPI:* 1770999773
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:*
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**RANA, DEBORAH T**
*Provider ID:* 227418
*Provider Gender:* Female
*License number*: G88347
*NPI:* 1033191457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Chula Vista Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**UY, CARMELITA**
*Provider ID:* 424443
*Provider Gender:* Female
*License number*: C50548
*NPI:* 1154431484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2340 E 8TH ST STE E
NATIONAL CITY, CA
91950-2870
*Phone:* (619) 216-8500
*Fax:* (619) 216-8511
*After Hours Phone:* (619) 216-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VALENCIA, MARILES F**
*Provider ID:* 104060
*Provider Gender:* Female
*License number*: A54929
*NPI:* 1275541625
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950-2968
*Phone:* (619) 475-4575
*Fax:* (619) 475-4578
*After Hours Phone:* (619) 475-4575
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SU 8AM-5PM

**VITUG, ELENA P**
*Provider ID:* 74967
*Provider Gender:* Female
*License number*: A44349
*NPI:* 1285746214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
502 EUCLID AVE STE 201
NATIONAL CITY, CA 91950-2949
*Phone:* (619) 475-6204
*Fax:* (619) 475-5174
*After Hours Phone:* (619) 475-6204
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

## PHYSICIANS ASSISTANT

**ARMENTA, JORGE**
*Provider ID:* 185270
*Provider Gender:* Male
*License number*: PA13694
*NPI:* 1346382611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**BANGS, SASHA S**
*Provider ID:* 418930
*Provider Gender:* Female
*License number*: PA55660
*NPI:* 1720524374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:*
*After Hours Phone:* (619) 515-2399
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**MARTINEZ MURGUIA, IRENE**
*Provider ID:* 185270

*Provider Gender:* Female
*License number*: PA20296
*NPI:* 1447492889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**MERCER, KELLY C**
*Provider ID:* 185270
*Provider Gender:* Female
*License number*: PA21625
*NPI:* 1154609790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## OCEANSIDE

### CERTIFIED NURSE PRACTITIONER

**BAEK, KILHYO K**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: NP95003571
*NPI:* 1053776914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**BEECHER-VAN HORN, JOANNE B**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: NP95013879
*NPI:* 1457665424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

**BROMAN, GRETCHEN L**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-3500
*Fax:*
*After Hours Phone:* (760) 631-3500
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**BROMAN, GRETCHEN L**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

**BROMAN, GRETCHEN L**
*Provider ID:* 402436
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**DO, JACKIE V**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: NP95016368
*NPI:* 1356925283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**HALGEDAHL, YI T**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: NP95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**HALGEDAHL, YI T**
*Provider ID:* 402434
*Provider Gender:* Male
*License number*: NP95006826

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HALGEDAHL, YI T**
*Provider ID:* 402436
*Provider Gender:* Male
*License number*: NP95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**KELLEHER, BRIDGET M**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: NP95003447
*NPI:* 1245695006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**KELLEHER, BRIDGET M**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: NP95003447
*NPI:* 1245695006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

**MACIAS, ALISSA M**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: NP21368
*NPI:* 1952658445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MACIAS, ALISSA M**
*Provider ID:* 480315
*Provider Gender:* Female
*License number*: NP21368
*NPI:* 1952658445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**VAUGHAN, ROBERT R**
*Provider ID:* 296476
*Provider Gender:* Male
*License number*: NP95012681
*NPI:* 1780233221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

## CERTIFIED REGISTERED NURSE MIDWIFE

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## FAMILY PRACTICE

**ESPINOSA-SILVA, YAMINAH**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: 20A12958
*NPI:* 1003172016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**ESPINOSA-SILVA, YAMINAH**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: 20A12958
*NPI:* 1003172016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ESPINOSA-SILVA, YAMINAH**
*Provider ID:* 402436
*Provider Gender:* Female
*License number*: 20A12958
*NPI:* 1003172016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FATLAND, SARAH E**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: 20A18374
*NPI:* 1831354026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**HAIDER, ABDULLAH T**
*Provider ID:* 296476
*Provider Gender:* Male
*License number*: A64435
*NPI:* 1730156936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

**KETCHEL, CLINT**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: A135564
*NPI:* 1699038125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org

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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KETCHEL, CLINT**
*Provider ID:* 402434
*Provider Gender:* Male
*License number*: A135564
*NPI:* 1699038125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KETCHEL, CLINT**
*Provider ID:* 402436
*Provider Gender:* Male
*License number*: A135564
*NPI:* 1699038125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**KNAPP, GEORGE S**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: NP95009284
*NPI:* 1124500012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**KURUKULASURIYA, DAYANTHI N**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: 20A15689
*NPI:* 1205246865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

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# C. Directorio de proveedores de atención primaria

**LAROCQUE, MICHAEL A**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: C34614
*NPI:* 1306879549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**PANICKER, CIBU**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: A149340
*NPI:* 1235492760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PONSFORD, DIANA O**
*Provider ID:* 402436
*Provider Gender:* Female
*License number*: 20A17371
*NPI:* 1407204969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**SAFI, ROOZCHEHR**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: A116562
*NPI:* 1659563641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SIMATI, BETH L**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: C156596
*NPI:* 1417187618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043

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*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**SIMATI, BETH L**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: C156596
*NPI:* 1417187618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SIMATI, BETH L**
*Provider ID:* 402436
*Provider Gender:* Female
*License number*: C156596
*NPI:* 1417187618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**VIDAL, MONICA M**
*Provider ID:* 206341
*Provider Gender:* Female
*License number*: 20A8949
*NPI:* 1871791749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**FQHC**

**TRUECARE,**
*Provider ID:* 296476
*Provider Gender:*
*License number*: 080000240
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**TRUECARE,**
*Provider ID:* 480247
*Provider Gender:*
*License number*: 080000531
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 966-3306
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-4:30PM

**TRUECARE,**
*Provider ID:* 480247
*Provider Gender:*
*License number*: 080000637
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 966-3306
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-4:30PM

**TRUECARE,**
*Provider ID:* 480315
*Provider Gender:*
*License number*: 080000240
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 433-3155
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 433-3155
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VISTA COMMUNITY CLINIC HORNE STREET,**
*Provider ID:* 402436
*Provider Gender:*
*License number*: 080000745
*NPI:* 1437245412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**VISTA COMMUNITY CLINIC PIER VIEW WAY,**
*Provider ID:* 402434
*Provider Gender:*
*License number*: 080000510
*NPI:* 1649363375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
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*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000

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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

**VISTA COMMUNITY CLINIC,**
*Provider ID:* 206341
*Provider Gender:*
*License number*: 080000002
*NPI:* 1316501562
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD STE B
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

**VISTA COMMUNITY CLINIC,**
*Provider ID:* 206341
*Provider Gender:*
*License number*: 080000002
*NPI:* 1851300123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD STE B
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

## GENERAL PRACTICE

**RONAN, KEVIN J**
*Provider ID:* 402436
*Provider Gender:* Male
*License number*: G77176
*NPI:* 1225017353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-4PM

## INTERNAL MEDICINE

**CHONG, ILSONG J**
*Provider ID:* 296476
*Provider Gender:* Male
*License number*: C152937
*NPI:* 1831240159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 9AM-5PM

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**DELGADILLO, ALEXANDER**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: G89399
*NPI:* 1245298769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DELGADILLO, ALEXANDER**
*Provider ID:* 402434
*Provider Gender:* Male
*License number*: G89399
*NPI:* 1245298769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DELGADILLO, ALEXANDER**
*Provider ID:* 402436
*Provider Gender:* Male
*License number*: G89399
*NPI:* 1245298769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GOMEZ, DENISE Y**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: A66289
*NPI:* 1407871817
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 296476
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical

Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

## PEDIATRICS

**CALHOUN, CHANELLE R**
*Provider ID:* 480247
*Provider Gender:* Female
*License number*: G75390
*NPI:* 1437166709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHEN, MING**
*Provider ID:* 480247
*Provider Gender:* Female
*License number*: A56246
*NPI:* 1851525505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Delano Regional Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CURLEY, EDWARD R**
*Provider ID:* 480247
*Provider Gender:* Male
*License number*: A73814
*NPI:* 1164434312
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DANIELS, SARAH R**
*Provider ID:* 433806
*Provider Gender:* Female
*License number*: A130872
*NPI:* 1730446527
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 130B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:*
*After Hours Phone:* (760) 547-1010
*Website:*

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FALLON, TINA U**
*Provider ID:* 480247
*Provider Gender:* Female
*License number*: A161739
*NPI:* 1013371004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GUNTA, SUJANA S**
*Provider ID:* 402434
*Provider Gender:* Female
*License number*: A109056
*NPI:* 1932304342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KRAMER, MELISSA S**
*Provider ID:* 469759
*Provider Gender:* Female
*License number*: A146613
*NPI:* 1467833467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:* (760) 547-1011
*After Hours Phone:* (760) 547-1010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**MACINTYRE, ELIZABETH T**
*Provider ID:* 543354
*Provider Gender:* Female
*License number*: A172352
*NPI:* 1336520766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B # 130
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:* (760) 547-1011
*After Hours Phone:* (760) 547-1010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**MCCAMMACK, BRADLEY D**
*Provider ID:* 206341
*Provider Gender:* Male
*License number*: A130883
*NPI:* 1629368857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3731
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**MILLER, DONALD T**
*Provider ID:* 433589
*Provider Gender:* Male
*License number*: G69645
*NPI:* 1154356582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Palomar Medical Center, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B # 130
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:*
*After Hours Phone:* (760) 547-1010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PERKINS, RACHEL E**
*Provider ID:* 435952
*Provider Gender:* Female
*License number*: A123956
*NPI:* 1427398320
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 130B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:*
*After Hours Phone:* (760) 547-1010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PERTL, URSULA G**
*Provider ID:* 69068
*Provider Gender:* Female
*License number*: A89997
*NPI:* 1609947464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY # B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:* (760) 547-1011
*After Hours Phone:* (760) 547-1010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZACHRY, ALISON D**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: A131678
*NPI:* 1922402858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

**ZACHRY, ALISON D**
*Provider ID:* 480247
*Provider Gender:* Female
*License number*: A131678
*NPI:* 1922402858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-4:30PM

**ZACHRY, ALISON D**
*Provider ID:* 480315
*Provider Gender:* Female
*License number*: A131678
*NPI:* 1922402858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## PHYSICIANS ASSISTANT

**BLAKESPEAR, JEREMY D**
*Provider ID:* 480315
*Provider Gender:* Male
*License number*: PA19825
*NPI:* 1750474177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 433-3155
*Fax:*
*After Hours Phone:* (760) 433-3155
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHISWICK, GARY R**
*Provider ID:* 296476
*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHISWICK, GARY R**
*Provider ID:* 480247

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:*
*After Hours Phone:* (760) 966-3306
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**RANDALLS, JESSICA L**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: PA54982
*NPI:* 1538410550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 8AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 296476
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 757-4566
*Fax:*
*After Hours Phone:* (760) 757-4566
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 480247
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:*
*After Hours Phone:* (760) 966-3306
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 480315
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 433-3155
*Fax:*
*After Hours Phone:* (760) 433-3155
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## POWAY

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

### FAMILY PRACTICE

**KAUR, JATINDER**
*Provider ID:* 481187
*Provider Gender:* Female
*License number*: A120771
*NPI:* 1912141391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

### FQHC

**NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER,**
*Provider ID:* 481187
*Provider Gender:*
*License number*: 550004321
*NPI:* 1023518768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:* (360) 462-2742
*After Hours Phone:* (858) 218-3000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### PEDIATRICS

**CURET, ZULMA**
*Provider ID:* 481187
*Provider Gender:* Female
*License number*: A119661
*NPI:* 1841561107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### PHYSICIANS ASSISTANT

**BALDWIN, DONNA J**
*Provider ID:* 481187
*Provider Gender:* Female
*License number*: PA23310
*NPI:* 1649692369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:*
*After Hours Phone:* (858) 218-3000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

## PAUMA VALLEY

### FAMILY PRACTICE

**AYON MARTINEZ, CARLOS X**
*Provider ID:* 206267
*Provider Gender:* Male
*License number*: A114419
*NPI:* 1154583128
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
*Phone:* (760) 742-9919
*Fax:*
*After Hours Phone:* (760) 742-9919
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**SCHULTZ, JAMES H**
*Provider ID:* 206267
*Provider Gender:* Male
*License number*: G61829
*NPI:* 1356376164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
*Phone:* (760) 742-9919
*Fax:*
*After Hours Phone:* (760) 742-9919
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**FQHC**

**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY,**
*Provider ID:* 206267
*Provider Gender:*
*License number*: 080000611
*NPI:* 1407031693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
16650 HIGHWAY 76
PAUMA VALLEY, CA 92061-9524
*Phone:* (760) 742-9919
*Fax:* (858) 633-4696
*After Hours Phone:* (760) 742-9919
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**POWAY**

**FAMILY PRACTICE**

**IONESCU, LUDMILLA N , MD**
*Provider ID:* 505945
*Provider Gender:* Female
*License number*: C130451
*NPI:* 1568498145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD FL 3
POWAY, CA 92064-2437
*Phone:* (858) 675-3210
*Fax:* (858) 613-2938
*After Hours Phone:* (858) 675-3210
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F,SU 8AM-5PM, SA 9AM-5PM

**MALETZ, LOUIS, MD**
*Provider ID:* 70756
*Provider Gender:* Male
*License number*: G50801
*NPI:* 1013983055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado

Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3287
*Fax:* (858) 613-2932
*After Hours Phone:* (858) 675-3287
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MERAM, SUSAN, MD**
*Provider ID:* 38214
*Provider Gender:* Female
*License number*: A53727
*NPI:* 1588630735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* St Johns Regional Medical Center
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 613-2932
*After Hours Phone:* (858) 675-3100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MIR, YUSRA A , MD**
*Provider ID:* 104018
*Provider Gender:* Female
*License number*: A101298
*NPI:* 1932435757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 675-3100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PUTNAM, RICHARD L , MD**
*Provider ID:* 506946
*Provider Gender:* Male
*License number*: G50068
*NPI:* 1861468027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 300
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 207-0039
*After Hours Phone:* (858) 675-3100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## INTERNAL MEDICINE

**ANDERSEN, STUART J**
*Provider ID:* 546663
*Provider Gender:* Male
*License number*: A162976
*NPI:* 1205270956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3293
*Fax:* (858) 673-5187
*After Hours Phone:* (858) 675-3293
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CARTY, DAVID J , MD**
*Provider ID:* 53596
*Provider Gender:* Male

*License number*: A41501
*NPI:* 1205802568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3293
*Fax:* (858) 613-2937
*After Hours Phone:* (858) 675-3293
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DURE-SMITH, BELINDA A , MD**
*Provider ID:* 25721
*Provider Gender:* Female
*License number*: A52257
*NPI:* 1487620662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 487-3823
*After Hours Phone:* (858) 675-3100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MAMARIL, DENNIS M , MD**
*Provider ID:* 53861
*Provider Gender:* Male
*License number*: A90180
*NPI:* 1508832601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 675-3100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PRESANT, LARRY A , MD**
*Provider ID:* 57940
*Provider Gender:* Male
*License number*: G42579
*NPI:* 1790751956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3293
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 675-3293
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## PEDIATRICS

**BOWERS, HILARY M**
*Provider ID:* 41436
*Provider Gender:* Female
*License number*: A78338
*NPI:* 1891884318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340

*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CHANG, IRENE S**
*Provider ID:* 462361
*Provider Gender:* Female
*License number*: A73533
*NPI:* 1790756799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:*
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**DIEP, THUAN M**
*Provider ID:* 462977
*Provider Gender:* Male
*License number*: A146685
*NPI:* 1477948479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GRAHAM, STUART N , MD**
*Provider ID:* 508717
*Provider Gender:* Male
*License number*: G70035
*NPI:* 1083680060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 300
POWAY, CA 92064-2437
*Phone:* (858) 924-1900
*Fax:* (858) 924-1949
*After Hours Phone:* (858) 924-1900
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**KHATTRI, SONAL, MD**
*Provider ID:* 506565
*Provider Gender:* Female
*License number*: A105678
*NPI:* 1013997303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD FL 3
POWAY, CA 92064-2437
*Phone:* (858) 675-3170
*Fax:* (858) 675-0518
*After Hours Phone:* (858) 675-3170
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LINDBACK, SARAH M**
*Provider ID:* 161834
*Provider Gender:* Female
*License number*: A117823
*NPI:* 1427345487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LOSTETTER, ADRIENNE L**
*Provider ID:* 261797
*Provider Gender:* Female
*License number*: C54914
*NPI:* 1881607984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MOREIRA, LUCILA K**
*Provider ID:* 523761
*Provider Gender:* Female
*License number*: 20A15437
*NPI:* 1104846567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-W 8AM-5PM, TH 9AM-5PM, F 8:30AM-5PM, SA 8AM-12PM

**MORTIMER, DORI R**
*Provider ID:* 230552
*Provider Gender:* Female
*License number*: A75016
*NPI:* 1417928417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058
*Phone:* (858) 673-3340
*Fax:* (858) 673-1075
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**RAMGREN, AILEEN N**
*Provider ID:* 397707
*Provider Gender:* Female
*License number*: 20A14418
*NPI:* 1356785505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15725 POMERADO RD STE 203
POWAY, CA 92064-2058

*Phone:* (858) 673-3340
*Fax:*
*After Hours Phone:* (858) 673-3340
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**RENDLER, NATHAN**
*Provider ID:* 30205
*Provider Gender:* Male
*License number*: G64231
*NPI:* 1275531337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish, Yiddish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1 # 1
POWAY, CA 92064-2425
*Phone:* (858) 487-8333
*Fax:* (858) 487-0856
*After Hours Phone:* (858) 487-8333
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**SHANMUGAM, CHERYL L**
*Provider ID:* 47919
*Provider Gender:* Female
*License number*: G86245
*NPI:* 1053387134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3170
*Fax:* (858) 675-0518
*After Hours Phone:* (858) 675-3170
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**TAI, KUANGKAI**
*Provider ID:* 351834
*Provider Gender:* Male
*License number*: A68063
*NPI:* 1396744066
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1
POWAY, CA 92064-2425
*Phone:* (858) 487-8333
*Fax:* (858) 487-0856
*After Hours Phone:* (858) 484-4003
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-12PM

## RAMONA

### CERTIFIED NURSE PRACTITIONER

**DOAN, CHINH N**
*Provider ID:* 449438
*Provider Gender:* Female
*License number*: NP18874
*NPI:* 1083845069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R

*Hours:* M-SA 9AM-5PM

**FAMILY PRACTICE**

**HARDISON, CHARLES L**
*Provider ID:* 82228
*Provider Gender:* Male
*License number*: G70382
*NPI:* 1538475793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Natividad Medical Center
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
211 13TH ST
RAMONA, CA 92065-2711
*Phone:* (760) 789-5160
*Fax:* (858) 613-2938
*After Hours Phone:* (760) 789-5160
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 10:30AM-7PM, SA 9AM-4PM

**KASCH, JANINE**
*Provider ID:* 78918
*Provider Gender:* Female
*License number*: 20A5832
*NPI:* 1871569087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Pomerado Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
211 13TH ST
RAMONA, CA 92065-2711
*Phone:* (760) 789-5160
*Fax:* (760) 788-7983
*After Hours Phone:* (760) 789-5160
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-SA 9AM-5PM

**MILLER, JERRY, MD**
*Provider ID:* 247912
*Provider Gender:* Male
*License number*: A119340
*NPI:* 1871543199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
211 13TH ST
RAMONA, CA 92065-2711
*Phone:* (760) 789-5160
*Fax:* (760) 789-6316
*After Hours Phone:* (760) 789-5160
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FQHC**

**TRUECARE,**
*Provider ID:* 449438
*Provider Gender:*
*License number*: 080000149
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**INTERNAL MEDICINE**

**YUNG, DORIS A**
*Provider ID:* 449438
*Provider Gender:* Female
*License number*: A89893
*NPI:* 1730386863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 891-4667
*Fax:*
*After Hours Phone:* (760) 891-4667
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**PEDIATRICS**

**ZACHRY, ALISON D**
*Provider ID:* 449438
*Provider Gender:* Female
*License number*: A131678
*NPI:* 1922402858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**PHYSICIANS ASSISTANT**

**CHISWICK, GARY R**
*Provider ID:* 449438
*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**REIFENBERGER, JODY L**
*Provider ID:* 449438
*Provider Gender:* Female
*License number*: PA22669
*NPI:* 1386741072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 449438
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

**ZANGEN, ROCHELLE L**

*Provider ID:* 449438
*Provider Gender:* Female
*License number*: PA51494
*NPI:* 1447681150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM

## SAN DIEGO

### CARDIOLOGY

**NARAYANAN, MEENA R**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A113448
*NPI:* 1508170697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

### CARDIOVASCULAR DISEASE

**BLUM, RICHARD I**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G53758
*NPI:* 1043310030
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHRISTOPHY, ANTONIO C**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A15088
*NPI:* 1871897678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GARIBYAN, VARTAN N**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A12504
*NPI:* 1790084143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**CERTIFIED NURSE PRACTITIONER**

**ALVAREZ, LISA J**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: NP19911
*NPI:* 1417262718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**AQUINO, FELINO V**
*Provider ID:* 418535
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**AQUINO, FELINO V**
*Provider ID:* 432308
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ARTS, SERENA C**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: NP10769
*NPI:* 1801881552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

# C. Directorio de proveedores de atención primaria

**BELEN, NEZER B**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: NP95009292
*NPI:* 1386120723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BERNARDO-GREGORY, ELSIE S**
*Provider ID:* 418535
*Provider Gender:* Female
*License number*: NP15257
*NPI:* 1588808349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**BESTERFELDT, LYDIA**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP95013060
*NPI:* 1265929442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-4PM

**BROMAN, GRETCHEN L**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**BURNS, DELLA E**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: NP7413
*NPI:* 1871577023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524

*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CELESTIN-RAMSEY, AKANKE J**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: NP8563
*NPI:* 1447450275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**CHASE, AVA LOU C**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: NP95000602
*NPI:* 1164496386
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**CHASE, AVA LOU C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95000602
*NPI:* 1164496386
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CONNER, PAMELA M**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP18098
*NPI:* 1770558967
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DACANAY-HERMAN, ROWENA S**
*Provider ID:* 432308
*Provider Gender:* Female

*License number*: NP22378
*NPI:* 1144689175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DHARKAR SURBER, SAPNA A**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP95013257
*NPI:* 1538707765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**DOW, RAECHELLE L**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP15667
*NPI:* 1184679789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**DO, ELAINE T**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: NP95019446
*NPI:* 1215696307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**ESTRELLA, SUE K**
*Provider ID:* 417101
*Provider Gender:* Female
*License number*: NP95005047
*NPI:* 1083137541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**EVERHART, ANNE MICHELLE G**
*Provider ID:* 432308
*Provider Gender:* Female
*License number*: NP95002876
*NPI:* 1821464835
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FERRARI, GINA E**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP95016072
*NPI:* 1922639301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

**GARCIA, JOHNNY**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: NP95007000
*NPI:* 1932622156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**GOLDFINGER, SARAH N**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95011313
*NPI:* 1134686744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**GRAHAM, DEBRA J**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**GREER, TRACY P**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: NP95002226
*NPI:* 1891101754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HARRINGTON, BARBARA**
**LORRAINE R**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP17008
*NPI:* 1659579134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**HA, THU T**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP95010517
*NPI:* 1346443983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**HA, THU T**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP95010517
*NPI:* 1346443983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**HILLIARD, THESALONICA P**
*Provider ID:* 417101

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: NP95010585
*NPI:* 1861956724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**HOANG, CHI Q**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP95004600
*NPI:* 1902350994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**HOGAN, ROSELYNN JOY S**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP17852
*NPI:* 1205019510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**HOGAN, ROSELYNN JOY S**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: NP17852
*NPI:* 1205019510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM

**INSTONE, SUSAN L**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: NP4858
*NPI:* 1710223268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**INSTONE, SUSAN L**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP4858
*NPI:* 1710223268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**JOHNSON, SHAWNA AKIKO H**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: NP95002518
*NPI:* 1922237809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KHAN, MATTHEW P**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: NP17838
*NPI:* 1942456124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**KHAN, MATTHEW P**
*Provider ID:* 417987
*Provider Gender:* Male
*License number*: NP17838
*NPI:* 1942456124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KI, TRISH H**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP23847
*NPI:* 1376840199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8:30AM-5:30PM

**KI, TRISH H**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP23847
*NPI:* 1376840199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KLOBERDANZ, KELSEY L**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LIEBER, CAROL L**
*Provider ID:* 517403
*Provider Gender:* Female
*License number*: NP20849
*NPI:* 1487889846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 238-5551
*Fax:*
*After Hours Phone:* (619) 238-5551
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LIM, IMELDA B**
*Provider ID:* 417101
*Provider Gender:* Female
*License number*: NP95000203
*NPI:* 1093130395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**LOVE, VICKI L**
*Provider ID:* 206363

*Provider Gender:* Female
*License number*: NP17362
*NPI:* 1699759134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LU, TAMMY C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95007253
*NPI:* 1457879132
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MARTINEZ, CAROLYN M**
*Provider ID:* 214492
*Provider Gender:* Female
*License number*: NP22031
*NPI:* 1609101997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ibclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**MARTIN, RIA C**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: NP95005321
*NPI:* 1437695079
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**MELTZER, VIRGINIA N**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: NP95015948
*NPI:* 1821684390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**MILTON, JILL F**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP13612
*NPI:* 1598757270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**NEVAREZ, IRENE**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP95009891
*NPI:* 1003166646
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 564-8765
*Fax:*
*After Hours Phone:* (619) 564-8765
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**NOCEDA, ANA B**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: NP19505
*NPI:* 1386971760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**NOCEDA, ANA B**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP19505
*NPI:* 1386971760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**O'BRIEN, FRANCESCA A**
*Provider ID:* 214492
*Provider Gender:* Female
*License number*: NP95005211
*NPI:* 1649720756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ibclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**OCAMPO, ELAINE R**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP95003427
*NPI:* 1063856805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**OCAMPO, ELAINE R**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP95003427
*NPI:* 1063856805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**ODA, THAGHAR M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95000205
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ODA, THAGHAR M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: RN810863
*NPI:* 1063835692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ORPILLA, IMELDA M**
*Provider ID:* 417101
*Provider Gender:* Female

*License number*: NP95003211
*NPI:* 1790785988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**ORPILLA, IMELDA M**
*Provider ID:* 418535
*Provider Gender:* Female
*License number*: NP95003211
*NPI:* 1790785988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**OWEN, MICHAEL C**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: NP95001492
*NPI:* 1073869145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM

**OWEN, MICHAEL C**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: NP95001492
*NPI:* 1073869145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**PATEL, KELLY M**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: NP95004735
*NPI:* 1033493747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**PATIAG, DANIEL B**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: NP95012511
*NPI:* 1073169769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**PATIAG, DANIEL B**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: NP95012511
*NPI:* 1073169769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

**QUINTO, CINDY R**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: NP16433
*NPI:* 1902810377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Lao, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**QUINTO, CINDY R**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP16433
*NPI:* 1902810377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Lao, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**REID, EMILY**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**ROGERS, TANYA L**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: NP95004443
*NPI:* 1558710038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ROGERS, TANYA L**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: NP95004443
*NPI:* 1558710038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**SABIN, NANCY J**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP4668
*NPI:* 1285732586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-1PM

**SABIN, NANCY J**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP4668
*NPI:* 1285732586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

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# C. Directorio de proveedores de atención primaria

**SANTANGELO, JOANNE**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP2390
*NPI:* 1619370475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-1PM

**SANTANGELO, JOANNE**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP2390
*NPI:* 1619370475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**SATTERWHITE, MAURINE C**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: NP7022
*NPI:* 1225012842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-1PM

**SATTERWHITE, MAURINE C**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: NP7022
*NPI:* 1225012842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-4PM

**SAVILLE, EDITH F**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP7374
*NPI:* 1730567678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**SEAMAN, MARY S**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: NP10146
*NPI:* 1033116652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SEBRING, JAN A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: RN486421
*NPI:* 1295750339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SEBRING, JAN A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP10906
*NPI:* 1295750339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SILVESTRO, ELISA S**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP95005103
*NPI:* 1548302011
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**SOTO, ROBIN J**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SOTO, ROBIN J**
*Provider ID:* 356145
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**TAYLOR, KAYLA L**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: NP95006792
*NPI:* 1730604414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TAYLOR, KAYLA L**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: NP95006792
*NPI:* 1730604414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TODD, MIKAYLA S**
*Provider ID:* 517998
*Provider Gender:* Female
*License number*: NP95005999
*NPI:* 1316478092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**TRAN, KELLY T**
*Provider ID:* 206360
*Provider Gender:* Female

*License number*: NP95003689
*NPI:* 1255799276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**TUEROS, VICTORIA S**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP2286
*NPI:* 1598989261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**VELASQUEZ, FERNANDO**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: NP95011254
*NPI:* 1386195535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**VEGA, TERESA**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95001705
*NPI:* 1912304569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**VELASQUEZ, FERNANDO**
*Provider ID:* 356145
*Provider Gender:* Male
*License number*: NP95011254
*NPI:* 1386195535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R,

T, ME
*Hours:* M-SA 9AM-5PM

**VELASQUEZ, FERNANDO**
*Provider ID:* 419529
*Provider Gender:* Male
*License number*: NP95011254
*NPI:* 1386195535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:*
*After Hours Phone:* (619) 515-2422
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**WALSH, DEBORAH A**
*Provider ID:* 417782
*Provider Gender:* Female
*License number*: NP95003061
*NPI:* 1255574612
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:*
*After Hours Phone:* (619) 515-2430
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**WALSH, DEBORAH A**
*Provider ID:* 419167
*Provider Gender:* Female
*License number*: NP95003061
*NPI:* 1255574612
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* IB, E, R
*Hours:* M-SA 9AM-5PM

**WEICKERT, MARIA T**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: NP95010814
*NPI:* 1841758984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**WEICKERT, MARIA T**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: NP95010814
*NPI:* 1841758984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes

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*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**WESTON, TIFFANIE**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NP95011458
*NPI:* 1154703718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**WESTON, TIFFANIE**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: NP95011458
*NPI:* 1154703718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**WESTON, TIFFANIE**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP95011458
*NPI:* 1154703718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**WILLIAMS, BREAHNA A**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**WOLF, CELIA C**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: NP95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

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*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## CERTIFIED REGISTERED NURSE MIDWIFE

**BOSTON, LAURA H**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: NM792
*NPI:* 1174553259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**GEPSHTEIN, YANA**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: NM1662
*NPI:* 1396956512
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## CHIROPRACTOR

**ASSADIAN, MEHRAK S**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: DC27523
*NPI:* 1295278281
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**KAMSI, ALEX**
*Provider ID:* 185268
*Provider Gender:* Male
*License number*: DC28966
*NPI:* 1851405955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**KAZEM, AHMAD N**
*Provider ID:* 227409
*Provider Gender:* Male
*License number*: DC33300

*NPI:* 1003296096
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KENNA, AARON A**
*Provider ID:* 418535
*Provider Gender:* Male
*License number*: DC32051
*NPI:* 1457629495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**LOVERN, JENNIFER K**
*Provider ID:* 418535
*Provider Gender:* Female
*License number*: DC29074
*NPI:* 1235469396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**PAGE, BIANCA M**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: DC33688
*NPI:* 1649787607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**ROJAS, RICHARD J**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: DC31024
*NPI:* 1538318811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SOSA, DAVID S**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: DC33150
*NPI:* 1013308675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TAGHIZADEH, MAJID**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: DC30121
*NPI:* 1750590600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Turkish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

## CLINIC OUTPATIENT

**OPERATION SAMAHAN RANCHO PENASQUITOS,**
*Provider ID:* 418535
*Provider Gender:*
*License number*: 550003857
*NPI:* 1699216622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD
STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**OPERATION SAMAHAN RANCHO PENASQUITOS,**
*Provider ID:* 418535
*Provider Gender:*
*License number*: 550002478
*NPI:* 1699216622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD
STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

## DERMATOLOGY

**BURROWS, WILLIAM M**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G16236
*NPI:* 1639199292
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CARTER, NATASHA F**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A140912
*NPI:* 1033539184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

## ENDOCRINOLOGY METABOLISM DIABETES

**AHMAD, AAKIF**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: 20A12732
*NPI:* 1720308331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARRILLO, MARITZA E**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A163183
*NPI:* 1649628587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 9AM-5PM

**CHANG, AMY S**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A93385
*NPI:* 1750568911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Saddleback Memorial Med Ctr, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**HARRIS, SAMANTHA R**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A120043
*NPI:* 1720305436
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**HOSEIN, NADEEN**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A113255
*NPI:* 1912051715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LEVINE, MATTHEW J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A77126
*NPI:* 1801994231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LORENZO, PATRICIA C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A129599
*NPI:* 1487913315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MARX, CHRISTOPHER W**

*Provider ID:* 206360
*Provider Gender:* Male
*License number*: G58195
*NPI:* 1811958929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM

**MCCALLUM, JAMES D**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A55708
*NPI:* 1609838994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM

**NAGELBERG, JODI B**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**PHILIS-TSIMIKAS, ATHENA**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A50477
*NPI:* 1922105964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**REDDY, NAVYA M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A151525
*NPI:* 1083069611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

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*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ MARTINEZ, RENIL M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A142703
*NPI:* 1477817757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

## FAMILY PRACTICE

**AHADIAN, DONIA**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A178849
*NPI:* 1689238560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**AHN, EDWARD J**
*Provider ID:* 96552
*Provider Gender:* Male
*License number*: A38304
*NPI:* 1093805103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
7750 DAGGET ST STE 108
SAN DIEGO, CA 92111-2235
*Phone:* (858) 571-1004
*Fax:* (858) 571-1006
*After Hours Phone:* (858) 571-1004
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* IB
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ALVAREZ-ESTRADA, MIGUEL**
*Provider ID:* 227409
*Provider Gender:* Male
*License number*: A157505
*NPI:* 1588197826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ARRIETA, NOEMI J**

*Provider ID:* 206360
*Provider Gender:* Female
*License number*: 20A11153
*NPI:* 1912223496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**BACHARACH, REBECCA E**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: 20A15459
*NPI:* 1225442643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**BAGINGITO, AUSTIN G**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A163977
*NPI:* 1942705637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**BAGINGITO, AUSTIN G**
*Provider ID:* 417429
*Provider Gender:* Male
*License number*: A163977
*NPI:* 1942705637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**BAGINGITO, AUSTIN G**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A163977
*NPI:* 1942705637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

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*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**BAHRAMZI, MARIA**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A173486
*NPI:* 1588141865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Pushto
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BAHRAMZI, MARIA**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: A173486
*NPI:* 1588141865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Pushto
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**BAUTISTA, LUIS G**
*Provider ID:* 517403
*Provider Gender:* Male
*License number*: A97270
*NPI:* 1295712206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Fresno Community Hospital, St Agnes Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 238-5551
*Fax:*
*After Hours Phone:* (619) 238-5551
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**BODIFORD, SAMANTHA K**
*Provider ID:* 214492
*Provider Gender:* Female
*License number*: A165398
*NPI:* 1730684200
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ibclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**BORTNER, ADAM C**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: A164879
*NPI:* 1811491749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST

SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BORTNER, ADAM C**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A164879
*NPI:* 1811491749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**BRADY, PATRICIA H**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: C53121
*NPI:* 1952390437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM, SA 9AM-5PM

**BRODSKY, MARK E**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: C53623
*NPI:* 1346337904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**BROWNELL, KRISTIN J**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A80154
*NPI:* 1134232259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:* (619) 795-2756
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BROWN, BRANDON S**

*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A148499
*NPI:* 1013399559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**CAMPOS, PRISCILLA J**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A152651
*NPI:* 1508217399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARRIEDO CENICEROS, MARIA T**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: A78373
*NPI:* 1295746618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CARSON, COREY M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CARSON, COREY M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300

*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARSON, COREY M**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHOU, BILL**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: 20A14794
*NPI:* 1730448101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CHOU, BILL**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A14794
*NPI:* 1730448101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHUN, HYUN B**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A163978
*NPI:* 1083118988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**COLLINS, WILLIAM M**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: 20A15413
*NPI:* 1417361973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SU 8:30AM-5:30PM

**COLLINS, WILLIAM M**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A15413
*NPI:* 1417361973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-9PM

**CORMAN, DANIEL M**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CORMAN, DANIEL M**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**COULSON, LAURA E**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A76301
*NPI:* 1447308424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DAMASCO GUTIERREZ, DAISY**

# C. Directorio de proveedores de atención primaria

**C**
*Provider ID:* 418535
*Provider Gender:* Female
*License number*: A66993
*NPI:* 1700841582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**DANGREMOND, ADRIANNA J**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: G138260
*NPI:* 1508802828
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**DAPPEN, AMANDA K**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: A153414
*NPI:* 1689037111
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DAVIS, DEIRDRE S**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: A165432
*NPI:* 1265921365
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**DWABE, KEFAH T**
*Provider ID:* 108795
*Provider Gender:* Male
*License number*: A94193
*NPI:* 1477656049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Burmese, Cambodian, Thai
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4863 EL CAJON BLVD # A
SAN DIEGO, CA 92115-4636

*Phone:* (619) 286-9000
*Fax:* (619) 286-9004
*After Hours Phone:* (619) 286-9000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**ESPERANZA, BONIFACIO C**
*Provider ID:* 418535
*Provider Gender:* Male
*License number*: A35268
*NPI:* 1407940570
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**FAMBRO, CYNTHIA L**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: A153223
*NPI:* 1710331707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**GLEASON ROHRER, GWEN E**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: A112176
*NPI:* 1710140462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**GLEASON ROHRER, GWEN E**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: A112176
*NPI:* 1710140462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**GREEN, BRENDA**
*Provider ID:* 206353

*Provider Gender:* Female
*License number*: A134406
*NPI:* 1508125410
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GRIFFITHS, KENNETH J**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: C52451
*NPI:* 1760563068
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**HAMILTON, LISA MARIE S**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: 20A14772
*NPI:* 1235576059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HAMILTON, LISA MARIE S**
*Provider ID:* 418142
*Provider Gender:* Female
*License number*: 20A14772
*NPI:* 1235576059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HASSANEIN, TAREK I**
*Provider ID:* 414056
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag

Hospital Irvine, Sharp Grossmont Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
995 GATEWAY CENTER WAY STE 105
SAN DIEGO, CA 92102-4544
*Phone:* (619) 264-1934
*Fax:* (619) 264-1937
*After Hours Phone:* (619) 264-1934
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HEINRICI, ALEKA D**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: A125329
*NPI:* 1780979120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* John Muir Medical Center Walnut Creek Campus
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**HOLTZMAN, AURY L**
*Provider ID:* 417101
*Provider Gender:* Male
*License number*: A43970
*NPI:* 1548462567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**HOLTZMAN, AURY L**
*Provider ID:* 418535
*Provider Gender:* Male
*License number*: A43970
*NPI:* 1548462567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**KAUFHOLD, ANNE D**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: A88893
*NPI:* 1164508073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:* (619) 858-1003
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KAUFMAN, JENNIFER CHILYN L**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: G149974
*NPI:* 1407818768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KAUFMAN, JENNIFER CHILYN L**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: G149974
*NPI:* 1407818768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KEFLEZIGHI, BAHGHI R**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A100391
*NPI:* 1124210844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:* (619) 263-2499
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**KIDDER, BRENDAN J**
*Provider ID:* 227409
*Provider Gender:* Male
*License number*: A112379
*NPI:* 1275793929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KIM, ERNEST S**
*Provider ID:* 417429
*Provider Gender:* Male
*License number*: A156221
*NPI:* 1124414925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**KIM, ERNEST S**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A156221
*NPI:* 1124414925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**KUNDU, SURITI**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: G80882
*NPI:* 1326132754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LEE, SANDRINE J**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: 20A15068
*NPI:* 1073909651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LE, TRAM B , MD**
*Provider ID:* 44947
*Provider Gender:* Female
*License number*: A105829
*NPI:* 1346442985
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5507 EL CAJON BLVD # L
SAN DIEGO, CA 92115-3624
*Phone:* (619) 286-2789
*Fax:* (619) 265-2070
*After Hours Phone:* (619) 286-2789
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-W,F 9AM-5PM, TH,SA 9AM-1PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**LINDEMAN, KURTIS P**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A104052
*NPI:* 1124155791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LISH, JONATHAN M**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A177373
*NPI:* 1811459456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LIU, JIE**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A147758
*NPI:* 1780066472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LU, JULIE P**
*Provider ID:* 418142
*Provider Gender:* Female
*License number*: 20A14804
*NPI:* 1619210614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MANDOYAN, AUSTIN**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A161682
*NPI:* 1841726148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

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*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**MARSTON, JACQUELINE N**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: 20A12402
*NPI:* 1417205055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MARSTON, JACQUELINE N**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: 20A12402
*NPI:* 1417205055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**MATICH, BRANKO**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: C174985
*NPI:* 1023437704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MATICH, BRANKO**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: C174985
*NPI:* 1023437704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

**MELGAR, MONICA L**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A154399
*NPI:* 1629432174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**MORALES, ALEJANDRA**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: A162332
*NPI:* 1063945657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NATERAS-ARREOLA, AICHEL**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A151610
*NPI:* 1093197543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**NGUYEN CLEARY, THAI C**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A86079
*NPI:* 1467442624
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Hollywood Presbyterian Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**NIAZI, HARRIS O**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A146111
*NPI:* 1174905871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**NIKZAD, JASON**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: 20A12653
*NPI:* 1508121674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**NORRIS, JEFFREY M**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A136275
*NPI:* 1073870374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NUQUI, JOSIE C**
*Provider ID:* 432308
*Provider Gender:* Female
*License number*: A71544
*NPI:* 1184773673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5PM

**NUQUI, JOSIE C , MD**
*Provider ID:* 448997
*Provider Gender:* Female
*License number*: A71544
*NPI:* 1184773673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:* (858) 536-8034
*After Hours Phone:* (844) 200-2426
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**ORTIZ, KENNETH K**
*Provider ID:* 517403
*Provider Gender:* Male
*License number*: A156607
*NPI:* 1356761571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA

316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PALOMINO, VERONICA N**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A121451
*NPI:* 1255569083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**PALOMINO, VERONICA N**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A121451
*NPI:* 1255569083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**PALOMINO, VERONICA N**
*Provider ID:* 419529
*Provider Gender:* Female
*License number*: A121451
*NPI:* 1255569083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:*
*After Hours Phone:* (619) 515-2422
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**PAYAMI, MADDIHA**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: 20A14012
*NPI:* 1336484104
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**PEREZ, PERLITA A**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A119689

*NPI:* 1174810972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**PROPST, TOBE M**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A82123
*NPI:* 1194814277
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**RAHMAN, AKBAR A**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A110134
*NPI:* 1720314933
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**RAMIREZ, CRISTHIAN E**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: 20A17478
*NPI:* 1407200942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**RAWI, BASHIR A , MD**
*Provider ID:* 407212
*Provider Gender:* Male
*License number*: A48140
*NPI:* 1003964834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
955 GATEWAY CENTER WAY # 105
SAN DIEGO, CA 92102-4542

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*Phone:* (619) 264-1934
*Fax:* (619) 264-1937
*After Hours Phone:* (619) 264-1934
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RAWI, BASHIR A**
*Provider ID:* 407212
*Provider Gender:* Male
*License number*: A48140
*NPI:* 1003964834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
955 GATEWAY CENTER WAY # 105
SAN DIEGO, CA 92102-4542
*Phone:* (619) 264-1934
*Fax:* (619) 264-1937
*After Hours Phone:* (619) 264-1934
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RECALDE, FRANCISCO J , MD**
*Provider ID:* 13850
*Provider Gender:* Male
*License number*: C41872
*NPI:* 1538309067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3811 EL CAJON BLVD
SAN DIEGO, CA 92105-1020
*Phone:* (619) 284-5622
*Fax:* (619) 283-2572
*After Hours Phone:* (619) 507-3050
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-TH 8AM-5PM, F 8:30AM-12PM, SA 9AM-5PM

**RITTER, STEVEN F**
*Provider ID:* 451167
*Provider Gender:* Male
*License number*: 20A7435
*NPI:* 1356556021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**RIVO, JULIE C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A163562
*NPI:* 1689178949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ, SEAN J**

# C. Directorio de proveedores de atención primaria

*Provider ID:* 227409
*Provider Gender:* Male
*License number*: A120576
*NPI:* 1780909903
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ROJAS, SARAH A**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A139169
*NPI:* 1245645076
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SAROKI, KAREN A**
*Provider ID:* 97801
*Provider Gender:* Female
*License number*: A105032
*NPI:* 1215157284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5030 CAMINO DE LA SIESTA STE 106
SAN DIEGO, CA 92108-3117
*Phone:* (619) 692-4401
*Fax:* (619) 692-8147
*After Hours Phone:* (619) 692-4401
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**SCOTT, LAGINA R**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A160489
*NPI:* 1558897009
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SCOTT, RYLEE**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: A162946
*NPI:* 1457887911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org

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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SEARLES, ROBERT C**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A79566
*NPI:* 1891807764
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**SHEIKH, ZARA S**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: A163512
*NPI:* 1952808727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Urdu
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**SHEIKH, ZARA S**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: A163512
*NPI:* 1952808727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Urdu
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**SHIHATA, ALFRED A**
*Provider ID:* 37502
*Provider Gender:* Male
*License number*: A37090
*NPI:* 1841225810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3802 NATIONAL AVE
SAN DIEGO, CA 92113-3223
*Phone:* (619) 264-2591
*Fax:* (619) 264-4116
*After Hours Phone:* (619) 264-2591
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SHIRAKI, JEAN M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: 20A17577
*NPI:* 1144684382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SHIRAKI, JEAN M**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: 20A17577
*NPI:* 1144684382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**SHUMILAK, KAILI J**
*Provider ID:* 418142
*Provider Gender:* Female
*License number*: 20A12796
*NPI:* 1831489855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**SMOOT, CHARLES B**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A97036
*NPI:* 1245490358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SMOOT, CHARLES B**
*Provider ID:* 356145
*Provider Gender:* Male
*License number*: A97036
*NPI:* 1245490358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SNYDER, CHRISTOPHER L**
*Provider ID:* 517998
*Provider Gender:* Male
*License number*: 20A7502
*NPI:* 1922041235
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pih Hospital - Downey, John F Kennedy Memorial Hosp, Cedars Sinai Medical Center, Scripps Memorial Hospital Encinitas, Eisenhower Medical Ctr, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SUMMERS-DAY, COURTNEY A**
*Provider ID:* 214492
*Provider Gender:* Female
*License number*: A112781
*NPI:* 1124288873
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:*
*After Hours Phone:* (619) 429-3733
*Website:* www.ibclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SWARTZ, JOHN R**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: G72486
*NPI:* 1396754131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**THOMAS, ZACHARY S**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: A145023
*NPI:* 1326453119
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**THOMAS, ZACHARY S**
*Provider ID:* 417987
*Provider Gender:* Male
*License number*: A145023
*NPI:* 1326453119
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**TRAN, TONNIA T**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: 20A7662
*NPI:* 1982746657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**TRAN, TU PHUONG T**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A152730
*NPI:* 1093179921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sign Language, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TRAN, UYEN THAO P**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A76709
*NPI:* 1891720355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TRAN, UYEN THAO P**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A76709
*NPI:* 1891720355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:* (619) 795-2756
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

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♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**VALENZUELA, TRICIA E**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A161373
*NPI:* 1346776358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**VILLA, MARIA T , MD**
*Provider ID:* 107710
*Provider Gender:* Female
*License number*: A86224
*NPI:* 1861541385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 SATURN BLVD STE J
SAN DIEGO, CA 92154-4734
*Phone:* (619) 575-4442
*Fax:* (619) 575-1297
*After Hours Phone:* (619) 575-4442
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**WANG, KEVIN**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: A158708
*NPI:* 1932635281
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**WANG, REGINA M**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: A109828
*NPI:* 1154554871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**WHITE, KATHERINE N**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: A120447
*NPI:* 1801112925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**WU, JENNIFER J**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: A54702
*NPI:* 1215953013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**ZAHLER, MARVIN W**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A11612
*NPI:* 1134380710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**ZINK, IRENE M**
*Provider ID:* 227409
*Provider Gender:* Female
*License number*: C54198
*NPI:* 1215959549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FQHC**

**CITY HEIGHTS FAMILY HEALTH CENTERS INC,**
*Provider ID:* 206353
*Provider Gender:*
*License number*:
*NPI:* 1023054004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:* (619) 546-9800
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DIAMOND NEIGHBORHOODS**

**FAMILY HLTH CTRS INC,**
*Provider ID:* 206363
*Provider Gender:*
*License number*:
*NPI:* 1982747671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:* (619) 263-2499
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DOWNTOWN FAMILY CTR AT CONNECTIONS,**
*Provider ID:* 417782
*Provider Gender:*
*License number*: 550002251
*NPI:* 1588901045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:* (619) 578-2410
*After Hours Phone:* (619) 515-2430
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FAMILY HEALTH CTR IBARRA,**
*Provider ID:* 417987
*Provider Gender:*
*License number*: 550003108
*NPI:* 1477953933
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:* (619) 255-8002
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FAMILY HEALTH CTR OF SD-ELM ST,**
*Provider ID:* 419167
*Provider Gender:*
*License number*: 550002061
*NPI:* 1316419070
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:* (619) 231-0431
*After Hours Phone:* (619) 515-2520
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**
*Provider ID:* 418142
*Provider Gender:*
*License number*: 550003556
*NPI:* 1336525906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:* (619) 794-2696
*After Hours Phone:* (619) 515-2454

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**
*Provider ID:* 419529
*Provider Gender:*
*License number*: 550003113
*NPI:* 1235521782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2422
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**
*Provider ID:* 417429
*Provider Gender:*
*License number*: 550002865
*NPI:* 1952729303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:* (619) 501-5814
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA,**
*Provider ID:* 402851
*Provider Gender:*
*License number*: 080000115
*NPI:* 1386689701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:* (858) 488-1394
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**FAMILY HLTH CTR SD HILLCREST,**
*Provider ID:* 417937
*Provider Gender:*
*License number*: 550003099
*NPI:* 1629456900
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:* (619) 501-9645
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**KING CHAVEZ HEALTH CENTER,**
*Provider ID:* 451167
*Provider Gender:*
*License number*:
*NPI:* 1538262092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:* (619) 662-4158
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**LA MAESTRA FAMILY CLINIC INC,**
*Provider ID:* 185268
*Provider Gender:*
*License number*:
*NPI:* 1336353721
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:* (619) 795-9849
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LINDA VISTA HEALTH CARE CTR,**
*Provider ID:* 206046
*Provider Gender:*
*License number*:
*NPI:* 1609905215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LINDA VISTA HEALTH CARE CTR,**
*Provider ID:* 206046
*Provider Gender:*
*License number*:
*NPI:* 1780665877
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LOGAN HEIGHTS FAMILY HEALTH CENTER,**
*Provider ID:* 206360
*Provider Gender:*
*License number*:
*NPI:* 1447281936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:* (619) 234-2447
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MID-CITY COMMUNITY CLINIC,**
*Provider ID:* 233532
*Provider Gender:*
*License number*:
*NPI:* 1962483040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:* (858) 633-4682
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**MID-CITY COMMUNITY CLINIC,**
*Provider ID:* 233597
*Provider Gender:*
*License number*:
*NPI:* 1962483040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (858) 633-4681
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**NESTOR COMMUNITY HEALTH CENTER,**
*Provider ID:* 214492
*Provider Gender:*
*License number*: 550001474
*NPI:* 1215246996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Website:* www.ibclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, R, T, W
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**NORTH PARK FAMILY HEALTH CENTERS,**
*Provider ID:* 206362
*Provider Gender:*
*License number*:
*NPI:* 1700821303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 501-0627
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**NORTH PARK FAMILY HEALTH CENTERS,**
*Provider ID:* 416831
*Provider Gender:*
*License number*: 090000469
*NPI:* 1700821303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2424
*Fax:* (619) 683-7586
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**OPERATION SAMAHAN - MIRA MESA,**
*Provider ID:* 417101
*Provider Gender:*
*License number*: 080000146
*NPI:* 1871680397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**OPERATION SAMAHAN - MIRA MESA,**
*Provider ID:* 432308
*Provider Gender:*
*License number*: 080000146
*NPI:* 1861933897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:* (858) 536-8034
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**OPERATION SAMAHAN RANCHO PENASQUITOS,**
*Provider ID:* 418535
*Provider Gender:*
*License number*: 550002478
*NPI:* 1699216622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**OPERATION SAMAHAN RANCHO PENASQUITOS,**
*Provider ID:* 418535
*Provider Gender:*
*License number*: 550003857
*NPI:* 1699216622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM,

SA 9AM-5PM

**SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**
*Provider ID:* 207382
*Provider Gender:*
*License number*: 090000168
*NPI:* 1003902917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-0505
*After Hours Phone:* (619) 234-2158
*Website:* www.sdaihc.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN DIEGO FAMILY CARE,**
*Provider ID:* 482070
*Provider Gender:*
*License number*:
*NPI:* 1457724858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

**SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,**
*Provider ID:* 517403
*Provider Gender:*
*License number*:
*NPI:* 1598308926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 238-5551
*Fax:* (619) 238-3807
*After Hours Phone:* (619) 238-5551
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH CHC - OCEAN VIEW,**
*Provider ID:* 227409
*Provider Gender:*
*License number*:
*NPI:* 1326225632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:* (619) 595-0258
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**
*Provider ID:* 517998
*Provider Gender:*
*License number*: 550003882
*NPI:* 1205477841
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC,**
*Provider ID:* 356145
*Provider Gender:*
*License number*:
*NPI:* 1174549232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:* (619) 515-2435
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,**
*Provider ID:* 403583
*Provider Gender:*
*License number*: 090000297
*NPI:* 1598122871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## GASTROENTEROLOGY

**CHANDRADAS, SAJIV H**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A122474
*NPI:* 1720350465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**CUMMINS, ANDREW B**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A102764
*NPI:* 1699917096
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

**DUBOIS, SUJA D**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A86651
*NPI:* 1013976612
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FRENETTE, CATHERINE T**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A80461
*NPI:* 1417935081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, California Pacific Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**GADDIPATI, KISHORE V**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A111638
*NPI:* 1720114093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**STIPHO, SALLY**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A104647
*NPI:* 1467642215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

## GENERAL PRACTICE

**BORRERO, MARCOS**
*Provider ID:* 100677
*Provider Gender:* Male
*License number*: A38907
*NPI:* 1952312621
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3490 PALM AVE
SAN DIEGO, CA 92154-1664
*Phone:* (619) 423-5616
*Fax:* (619) 423-5684
*After Hours Phone:* (619) 423-5616
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DOAN STEPHENS, CRYSTAL T**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: A152267
*NPI:* 1730570144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**DWABE, KEFAH T , MD**
*Provider ID:* 108795
*Provider Gender:* Male
*License number*: A94193
*NPI:* 1477656049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Burmese, Cambodian, Thai
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4863 EL CAJON BLVD # A
SAN DIEGO, CA 92115-4636
*Phone:* (619) 286-9000
*Fax:* (619) 286-9004
*After Hours Phone:* (619) 286-9000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**RECALDE, FRANCISCO J**
*Provider ID:* 13850
*Provider Gender:* Male
*License number*: C41872
*NPI:* 1538309067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3811 EL CAJON BLVD
SAN DIEGO, CA 92105-1020
*Phone:* (619) 284-5622
*Fax:* (619) 283-2572
*After Hours Phone:* (619) 507-3050
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-TH 8AM-5PM, F 8:30AM-12PM, SA 9AM-5PM

**SIDRICK, NADINE E**
*Provider ID:* 517998
*Provider Gender:* Female
*License number*: G42131
*NPI:* 1134140718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**VO, DUC D**
*Provider ID:* 81143
*Provider Gender:* Male
*License number*: A43289
*NPI:* 1427096627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2418 ULRIC ST
SAN DIEGO, CA 92111-6040
*Phone:* (858) 560-1226
*Fax:* (858) 560-1205
*After Hours Phone:* (858) 560-1226
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-W,F 9AM-5PM, TH,SA 9AM-5PM

## HEPATOLOGY

**GISH, ROBERT G**
*Provider ID:* 185268
*Provider Gender:* Male
*License number*: G45632
*NPI:* 1548281322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Providence Santa Rosa Memorial Hospital, Ucsd Medical Ctr, Stanford Health Care, California Pacific Med Ctr, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Loma Linda University Comm Med Ctr, Regional Medical Ctr Of San Jose
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

## HOSPITALIST MD/DO

**KHADER, WASEEM**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A16567
*NPI:* 1124476270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

## INFECTIOUS DISEASE

**LEWINSKI, MARY K**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A109633
*NPI:* 1659535094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**INTERNAL MEDICINE**
**GERIATRIC MEDICINE**

**MBA, MBA UZOMA U**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A155048
*NPI:* 1659720647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**INTERNAL MEDICINE**

**ALASSIL, SALLY**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A122238
*NPI:* 1982044483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ALASSIL, SALLY**
*Provider ID:* 419529
*Provider Gender:* Female
*License number*: A122238
*NPI:* 1982044483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:*
*After Hours Phone:* (619) 515-2422
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ALDOUS, JEANNETTE L**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: A101017
*NPI:* 1073650339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Heatlh, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**AMATYA, SUBHA L**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: A150777
*NPI:* 1861837221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ANDERSON, KENDELL R**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: 20A15598
*NPI:* 1285028191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**ANDREWS, JOHN S**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: G71080
*NPI:* 1003164302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BOHR, CHRISTINA T**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: 20A17702
*NPI:* 1841794344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHEN, JAMES Y**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A86644
*NPI:* 1265495691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CSAPOCZI, PETER**
*Provider ID:* 451167
*Provider Gender:* Male

*License number*: A96919
*NPI:* 1841357118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hungarian, Spanish, Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**DAHMS, ERIC B**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G80316
*NPI:* 1306808464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DODGE, JOHN M**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G67831
*NPI:* 1770510489
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FABELLA, GABRIEL T , MD**
*Provider ID:* 9774
*Provider Gender:* Male
*License number*: A48087
*NPI:* 1124060827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 115
SAN DIEGO, CA 92126-2361
*Phone:* (858) 695-1262
*Fax:* (858) 695-2132
*After Hours Phone:* (858) 695-1262
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M 9AM-3PM, TU-TH 8AM-4PM, F,SA 9AM-5PM

**FARASAT, SADAF**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A147939
*NPI:* 1255696407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Natividad Medical Center
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**FEDER, GLEN A**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: 20A17926
*NPI:* 1518461110
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GEHR, MARC K**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G67338
*NPI:* 1306800180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GUTIERREZ, ANGELICA M**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: A175116
*NPI:* 1982180329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**HAMMETT, ERIN K**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: 20A14025
*NPI:* 1467884098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HAN, PAUL J**
*Provider ID:* 417937
*Provider Gender:* Male

*License number*: A116816
*NPI:* 1053553339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HAZELBAKER, PAUL N**
*Provider ID:* 417782
*Provider Gender:* Male
*License number*: 20A7147
*NPI:* 1831106103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:*
*After Hours Phone:* (619) 515-2430
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HENDERSON, PHILIP L**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A140324
*NPI:* 1447678834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**HIGGINSON, MICHELLE C**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A74420
*NPI:* 1114955879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**JACKSON, GAVIN N**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A110647
*NPI:* 1609033182
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**KARCHES, KELLI C**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A80931
*NPI:* 1891997631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**KRIJGER, LISA C**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: A67762
*NPI:* 1932278710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**LALITHAKUMARI, ARYA**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A140646
*NPI:* 1265874010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Global Medical Center, Menifee Global Medical Center
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LAMANTIA, MICHELE A**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: G71855
*NPI:* 1124176102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 428-4463
*Fax:*
*After Hours Phone:* (619) 428-4463
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**LEE, MICHAEL W**
*Provider ID:* 206360

*Provider Gender:* Male
*License number*: A71671
*NPI:* 1760406649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LE, CHARLES N , MD**
*Provider ID:* 272919
*Provider Gender:* Male
*License number*: A124891
*NPI:* 1821243759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Paradise Valley Hospital, Vibra Hospital Of San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4440 EUCLID AVE # A
SAN DIEGO, CA 92115-4522
*Phone:* (619) 521-6812
*Fax:* (619) 521-6802
*After Hours Phone:* (619) 521-6812
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-2PM

**MARCINIAK, ROMAN J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: 20A17072
*NPI:* 1326579210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MARQUARDT, DIANA L**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: G44220
*NPI:* 1114909454
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NANDURI, RAMACHANDER**
*Provider ID:* 22720
*Provider Gender:* Male
*License number*: C50916
*NPI:* 1093721896
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Spanish, Tamil, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
995 GATEWAY CENTER WAY STE 202
SAN DIEGO, CA 92102-4545

*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**NARANJO, RODRIGO A**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: A119010
*NPI:* 1609095264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**NARANJO, RODRIGO A**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: A119010
*NPI:* 1609095264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**NGUYEN, TUE T , MD**
*Provider ID:* 44830
*Provider Gender:* Female
*License number*: A49831
*NPI:* 1548226178
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4551 EL CAJON BLVD
SAN DIEGO, CA 92115-4316
*Phone:* (619) 280-7185
*Fax:* (619) 280-0994
*After Hours Phone:* (619) 280-7185
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-W 9AM-6PM, TH,F 9AM-5PM, SA 8:30AM-1PM

**PARIKH, MILIND D**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**RAMERS, CHRISTIAN**

# C. Directorio de proveedores de atención primaria

*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A119631
*NPI:* 1730381385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**RESNIKOFF, PAMELA M**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: G80358
*NPI:* 1841252533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**RIVERA, TANIA L**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A126958
*NPI:* 1336346972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ROLDAN, ANSELMO**
*Provider ID:* 100798
*Provider Gender:* Male
*License number*: A42177
*NPI:* 1790898369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3490 PALM AVE
SAN DIEGO, CA 92154-1664
*Phone:* (619) 423-5616
*Fax:* (619) 423-5684
*After Hours Phone:* (619) 423-5616
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**SMILDE, RENEE I**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A70175
*NPI:* 1427010594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**SMITH, DAVID M**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: A63610
*NPI:* 1609891761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM

**SMITH, DAVID M**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A63610
*NPI:* 1609891761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**TRUONG, TU N , MD**
*Provider ID:* 53396
*Provider Gender:* Male
*License number*: A50756
*NPI:* 1194794263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc, Kindred Hospital San Diego
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5069 EL CAJON BLVD
SAN DIEGO, CA 92115-3348
*Phone:* (619) 583-8705
*Fax:* (619) 583-8701
*After Hours Phone:* (619) 583-8705
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* IB, E, R, W
*Hours:* M-W,F 9AM-6PM, TH 9AM-5PM, SA 9AM-1PM

**VIDAURRAZAGA, MONICA M**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A169207
*NPI:* 1346628310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**VO, SONY T , MD**
*Provider ID:* 44927
*Provider Gender:* Male
*License number*: A49788
*NPI:* 1427003938
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bulgarian, Mandarin, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4551 EL CAJON BLVD
SAN DIEGO, CA 92115-4316
*Phone:* (619) 280-7185
*Fax:* (619) 280-0994
*After Hours Phone:* (619) 280-7185
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E
*Hours:* M-W,F 9AM-6PM, TH 9AM-5PM, SA 8AM-1PM

**WASTILA, LISA J**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: A60801
*NPI:* 1043375231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**WATTS, ELI M**
*Provider ID:* 451167
*Provider Gender:* Male
*License number*: A79383
*NPI:* 1649373739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**WONG, ARTHUR D**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: A163178
*NPI:* 1023639176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**YUNG, STEVEN A**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G80798
*NPI:* 1689636656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

## INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 263-2499
*Fax:*
*After Hours Phone:* (619) 263-2499
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**SHETABI, KAMBIZ**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: A126187
*NPI:* 1972827806
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

## MULTI SPECIALTY MEDICAL CLINIC

**UCSD MEDICAL GROUP,**
*Provider ID:* 179619
*Provider Gender:*
*License number*:
*NPI:* 1578672184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:* (619) 471-9310
*After Hours Phone:* (619) 471-9260
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**UCSD MEDICAL GROUP,**
*Provider ID:* 179639
*Provider Gender:*
*License number*:
*NPI:* 1508968751
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 25/120
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## NEPHROLOGY

**REDDY, SAMATHHA R**
*Provider ID:* 418535
*Provider Gender:* Female
*License number*: A120797
*NPI:* 1659620854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Punjabi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Sharp Chula Vista Med Ctr, St Agnes Medical Center
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## NEUROLOGY

**GRISOLIA, JAMES S**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G42884
*NPI:* 1336102359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MARTIN, FREDERIC R**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: G61965
*NPI:* 1265582605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Vibra Hospital Of San Diego, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA

9AM-5PM

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BLAKE, GARY D**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: G44807
*NPI:* 1497738439
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Palomar Health Downtown Campus, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-5PM, TH 9:30AM-6PM, F,SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 416831
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2561
*Fax:*
*After Hours Phone:* (619) 515-2561
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**CERVANTES, SANDRA M**

*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5:30PM, F 8AM-5PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 416831
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**FAKSH, ARIJ**
*Provider ID:* 185268
*Provider Gender:* Female

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*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-7072
*Fax:*
*After Hours Phone:* (619) 280-7072
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**GRANT, REBEKAH I**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: C159737
*NPI:* 1326243833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Grossmont Hospital, Scripps Mercy Hospital, Riverside Community Hosp, Hoag Hospital Irvine
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**KELLY, THOMAS F**
*Provider ID:* 233597
*Provider Gender:* Male
*License number*: G60630
*NPI:* 1336203496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
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*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
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*After Hours Phone:* (619) 515-2424
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F

8:30AM-5PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
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*Phone:* (619) 515-2560
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*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
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*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-5PM, TH 9:30AM-6PM, F,SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
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*Website:* www.fhcsd.org
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
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*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206360
*Provider Gender:* Female

*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
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*After Hours Phone:* (619) 515-2424
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**PHAN, TIFFANI T**
*Provider ID:* 417101
*Provider Gender:* Female
*License number*: A161105
*NPI:* 1134515695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
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*After Hours Phone:* (619) 515-2300
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
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*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
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*American Sign Language (ASL):* No
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*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
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*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Website:* www.fhcsd.org
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Fax:*
*After Hours Phone:* (616) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 416831
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**SHUCKETT, ARIEL**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: A144372
*NPI:* 1245590124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424

*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TRUJILLO, JENNIFER C**
*Provider ID:* 451167
*Provider Gender:* Female
*License number*: 20A8204
*NPI:* 1053407593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And

Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 416831
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

## OPHTHALMOLOGY

**NAJAFI, DAVID J**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A68124
*NPI:* 1396715991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM

**SHAW, BLAKE R**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: G61394
*NPI:* 1649206541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8:30AM-7:30PM, TU-F 8:30AM-5:30PM, SA 9AM-5PM

**SHAW, BLAKE R**
*Provider ID:* 206363
*Provider Gender:* Male
*License number*: G61394
*NPI:* 1649206541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**ZABLIT, KARIM V**
*Provider ID:* 403583
*Provider Gender:* Male
*License number*: A42127
*NPI:* 1083700538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:45PM, SA 9AM-5PM

## OTOLARYNGOLOGY

**CRAWFORD, KAYVA L**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A165819
*NPI:* 1396241824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

# C. Directorio de proveedores de atención primaria

## PEDIATRICS

**ABELL, GEOFFREY A**
*Provider ID:* 27341
*Provider Gender:* Male
*License number*: A98712
*NPI:* 1245256130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
292 EUCLID AVE STE 220
SAN DIEGO, CA 92114-3629
*Phone:* (619) 262-8624
*Fax:* (619) 262-6639
*After Hours Phone:* (619) 262-8624
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ADJAN, ROULA S**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: A81682
*NPI:* 1992847263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:* (619) 749-5480
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**ADLOUNI, LOUBABA A**
*Provider ID:* 230441
*Provider Gender:* Female
*License number*: A63201
*NPI:* 1669443685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
16918 DOVE CANYON RD STE 200
SAN DIEGO, CA 92127-3457
*Phone:* (858) 924-1960
*Fax:* (858) 924-1964
*After Hours Phone:* (858) 924-1960
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**AMANI, RAMIN**
*Provider ID:* 537708
*Provider Gender:* Male
*License number*: A53984
*NPI:* 1659366292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5222 BALBOA AVE STE 42
SAN DIEGO, CA 92117-6991
*Phone:* (858) 268-0702
*Fax:* (858) 268-0374
*After Hours Phone:* (858) 268-0702
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-12PM, SA 9AM-5PM

**AMATYA, SUDHA**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: A51563
*NPI:* 1790830511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No

*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**ANDREE, GREGOR**
*Provider ID:* 233532
*Provider Gender:* Male
*License number*: A72833
*NPI:* 1467436063
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**ANDREE, GREGOR**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: A72833
*NPI:* 1467436063
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**ARCHAMBAULT, CHRISTIAN F**
*Provider ID:* 5589
*Provider Gender:* Male
*License number*: A74776
*NPI:* 1992776918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Pomerado Hospital, Sharp Mary Birch Hosp For Women And Newborns, Childrens Hospital Of Orange County, Paradise Valley Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
16918 DOVE CANYON RD STE 200
SAN DIEGO, CA 92127-3457
*Phone:* (858) 924-1960
*Fax:* (858) 924-1964
*After Hours Phone:* (858) 924-1960
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**AYSON, NICOLE M**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**AZIMI, AYSUN**
*Provider ID:* 317194
*Provider Gender:* Female
*License number*: 20A13331
*NPI:* 1710246160
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Fresno Community Hospital, Clovis Community Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
292 EUCLID AVE STE 220
SAN DIEGO, CA 92114-3629
*Phone:* (619) 262-8624
*Fax:* (619) 262-6639
*After Hours Phone:* (619) 262-8624
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BONSU, BEMA K**
*Provider ID:* 227409
*Provider Gender:* Male
*License number*: C55180
*NPI:* 1932106986
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**BOWERS, JESSIE S**
*Provider ID:* 394841
*Provider Gender:* Female
*License number*: A138429
*NPI:* 1730594235
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CARSON, STEPHEN H**
*Provider ID:* 6735
*Provider Gender:* Male
*License number*: G39308
*NPI:* 1780719872
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Mercy Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103-2227
*Phone:* (619) 297-5437
*Fax:* (619) 297-4567
*After Hours Phone:* (619) 297-5437
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-2PM

**CASTELNOVI, CLAUDIA**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: A111170
*NPI:* 1417279324
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**CHANG, IRENE S**
*Provider ID:* 373725
*Provider Gender:* Female
*License number*: A73533
*NPI:* 1790756799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
16918 DOVE CANYON RD STE 200
SAN DIEGO, CA 92127-3457
*Phone:* (858) 924-1960
*Fax:* (858) 924-1964
*After Hours Phone:* (858) 924-1960
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CHEN, JENNIFER K**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A141057
*NPI:* 1255785150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**COHEN, STUART A**
*Provider ID:* 59888
*Provider Gender:* Male
*License number*: A43097
*NPI:* 1972574994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120-5253
*Phone:* (619) 265-3400
*Fax:* (619) 265-3407
*After Hours Phone:* (619) 265-3400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**CONE, STEPHANIE E**
*Provider ID:* 185268

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: A123929
*NPI:* 1437444858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9154
*Fax:*
*After Hours Phone:* (619) 255-9154
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**CORDES, WILLIAM D**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: 20A15743
*NPI:* 1174942544
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**DE LA MORA, OSCAR M**
*Provider ID:* 414228
*Provider Gender:* Male
*License number*: A50769
*NPI:* 1982703898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
995 GATEWAY CENTER WAY STE 202
SAN DIEGO, CA 92102-4545
*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**DE LA MORA, OSCAR M**
*Provider ID:* 73767
*Provider Gender:* Male
*License number*: A50769
*NPI:* 1982703898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DE LA MORA, OSCAR M , MD**
*Provider ID:* 73767
*Provider Gender:* Male
*License number*: A50769
*NPI:* 1982703898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**DIXON, SARAH K**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: A137415
*NPI:* 1467751131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

**FISHMAN, ELENA**
*Provider ID:* 524340
*Provider Gender:* Female
*License number*: A78221
*NPI:* 1740249432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130-2597
*Phone:* (858) 793-1011
*Fax:* (858) 793-1035
*After Hours Phone:* (858) 793-1011
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FORTUNE, ERIN L**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: A95577
*NPI:* 1801088422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FORTUNE, ERIN L**
*Provider ID:* 416831
*Provider Gender:* Male
*License number*: A95577
*NPI:* 1801088422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424

*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**FRIEDMAN, JAIME B**
*Provider ID:* 230500
*Provider Gender:* Female
*License number*: A79195
*NPI:* 1144297961
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
16918 DOVE CANYON RD STE 200
SAN DIEGO, CA 92127-3457
*Phone:* (858) 924-1960
*Fax:* (858) 924-1964
*After Hours Phone:* (858) 924-1960
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GOVENDER, SHAMINI M**
*Provider ID:* 469539
*Provider Gender:* Female
*License number*: C52845
*NPI:* 1962504423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2790 TRUXTUN RD STE 120A
SAN DIEGO, CA 92106-6135
*Phone:* (619) 222-1253
*Fax:* (619) 222-1276
*After Hours Phone:* (619) 222-1253
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**GUPTA, VARSHA**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A164889
*NPI:* 1891283214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HANSEN, JOHN C**
*Provider ID:* 318919
*Provider Gender:* Male
*License number*: G68382
*NPI:* 1780655621
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Danish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HENDERSON, TREVOR H**
*Provider ID:* 58111

*Provider Gender:* Male
*License number*: A65341
*NPI:* 1356449425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Alvarado Hospital Llc
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120-5253
*Phone:* (619) 265-3400
*Fax:* (619) 265-3407
*After Hours Phone:* (619) 265-3400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**HIBBS, NICOLE M**
*Provider ID:* 143979
*Provider Gender:* Female
*License number*: A106600
*NPI:* 1164627832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103-2227
*Phone:* (619) 297-5437
*Fax:* (619) 297-4567
*After Hours Phone:* (619) 297-5437
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-2PM

**HIGUERA, GRISELDA**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: C169681
*NPI:* 1447589809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HOANG, VY U**
*Provider ID:* 161902
*Provider Gender:* Female
*License number*: A125768
*NPI:* 1649575135
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6699 ALVARADO RD
SAN DIEGO, CA 92120-5244
*Phone:* (619) 265-3400
*Fax:* (619) 265-3407
*After Hours Phone:* (619) 265-3400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**JACOBSON, EUGENIA**
*Provider ID:* 104033
*Provider Gender:* Female
*License number*: A56064
*NPI:* 1356416408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 335
SAN DIEGO, CA 92123-2753
*Phone:* (858) 576-8010
*Fax:* (858) 576-7391
*After Hours Phone:* (858) 576-8010
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**JORDAN, JAMIE M**
*Provider ID:* 237831
*Provider Gender:* Female
*License number*: A119363
*NPI:* 1275762833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**JUAREZ, PATRICIA P**
*Provider ID:* 317641
*Provider Gender:* Female
*License number*: G55860
*NPI:* 1205807229
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KARMAKAR, KANKA**
*Provider ID:* 417101
*Provider Gender:* Female
*License number*: C54941
*NPI:* 1972536654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali, Hindi, Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:*
www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**LE, NGUYEN L**
*Provider ID:* 44952
*Provider Gender:* Male
*License number*: A83309
*NPI:* 1548308109
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Sharp Memorial Hospital

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5507 EL CAJON BLVD # B
SAN DIEGO, CA 92115-3624
*Phone:* (619) 582-8814
*Fax:* (619) 582-8813
*After Hours Phone:* (619) 582-8814
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**LOPER, KAREN S**
*Provider ID:* 490610
*Provider Gender:* Female
*License number*: G76438
*NPI:* 1619908936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103-2227
*Phone:* (619) 297-5437
*Fax:* (619) 297-4567
*After Hours Phone:* (619) 297-5437
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LUJAN, ARLEEN G**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A61687
*NPI:* 1760412431
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MACQUARRIE, ANN S**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A165236
*NPI:* 1134625460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**MADANY, GEORGE H**
*Provider ID:* 318924
*Provider Gender:* Male
*License number*: G79990
*NPI:* 1811968837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MAHENDRAN, SRIVIDYA A**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: A92173
*NPI:* 1487843454
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**MANRIQUEZ-CASTILLO, ERENDIRA**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: A75533
*NPI:* 1356397418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**MARTINEZ ANDREE, INGRID L**
*Provider ID:* 319049
*Provider Gender:* Female
*License number*: A63054
*NPI:* 1205807203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MCGOWAN, KAREN A**
*Provider ID:* 386001
*Provider Gender:* Female
*License number*: A60624
*NPI:* 1851380729
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6475 ALVARADO RD STE 120
SAN DIEGO, CA 92120-5007
*Phone:* (619) 583-6133
*Fax:* (619) 583-0321
*After Hours Phone:* (619) 583-6133
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**NGUYEN, JANICE**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A157335
*NPI:* 1760916589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF

SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**PARKER, SHERINE B**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: G81658
*NPI:* 1477626513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M 8:30AM-7PM, TU-TH 8:30AM-6PM, F 8:30AM-5:30PM, SA 8:30AM-5PM

**PARK, TARI Y**
*Provider ID:* 237711
*Provider Gender:* Female
*License number*: A74537
*NPI:* 1285669085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PAVLOVICH, WENDY D**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A126181
*NPI:* 1740467299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**POWELL, STEPHANIE J**
*Provider ID:* 319033
*Provider Gender:* Female
*License number*: A76747
*NPI:* 1720059744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753

*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PRESKILL, CATALINA P**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: G29879
*NPI:* 1598088759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

**RHODUS, CECILIA M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A137260
*NPI:* 1699161059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**RISSMAN, RAQUEL L**
*Provider ID:* 103726
*Provider Gender:* Female
*License number*: A82394
*NPI:* 1700998846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
550 WASHINGTON ST STE 300
SAN DIEGO, CA 92103-2227
*Phone:* (619) 297-5437
*Fax:* (619) 297-4567
*After Hours Phone:* (619) 297-5437
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-2PM

**RODRIGUEZ, ALDO E**
*Provider ID:* 451167
*Provider Gender:* Male
*License number*: A134995
*NPI:* 1508209651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**RODRIGUEZ, JAVIER**

*Provider ID:* 185268
*Provider Gender:* Male
*License number*: A82639
*NPI:* 1013059385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**RUBENSTEIN, STUART I**
*Provider ID:* 521305
*Provider Gender:* Male
*License number*: G60587
*NPI:* 1689633844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130-2597
*Phone:* (858) 793-1011
*Fax:* (858) 793-1035
*After Hours Phone:* (858) 793-1011
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**SAMPATH, SRIVIDYA N**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A132576
*NPI:* 1275892754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**SCHMITT, STEPHANIE G**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A164979
*NPI:* 1992202170
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SCHNEIDER, SARAH M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A151631
*NPI:* 1508210311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8:30AM-7PM, TU-TH 8:30AM-6PM, F 8:30AM-5:30PM, SA 8:30AM-5PM

**SEBSO, JODI**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A103099
*NPI:* 1538484316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**SEBSO, JODI**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A103099
*NPI:* 1538484316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SELLERS, JAIME P**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A159494
*NPI:* 1720512015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SHAH, SEEMA**
*Provider ID:* 575712
*Provider Gender:* Female
*License number*: A77978
*NPI:* 1629131107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SHENOY, ASHVIN B**
*Provider ID:* 232392
*Provider Gender:* Male
*License number*: A123017
*NPI:* 1619262664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
292 EUCLID AVE STE 220
SAN DIEGO, CA 92114-3629
*Phone:* (619) 262-8624
*Fax:* (619) 262-6639
*After Hours Phone:* (619) 262-8624
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SHETH, HASMUKH L**
*Provider ID:* 451167
*Provider Gender:* Male
*License number*: A45942
*NPI:* 1396812236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SHIAU, NANCY H**
*Provider ID:* 40852
*Provider Gender:* Female
*License number*: A71292
*NPI:* 1750352779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Alvarado Hosp Med Ctr
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120-5253
*Phone:* (619) 265-3400
*Fax:* (619) 265-3407
*After Hours Phone:* (619) 265-3400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SNYDER, JOEL M**
*Provider ID:* 24734
*Provider Gender:* Male
*License number*: G39469
*NPI:* 1487748018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
6475 ALVARADO RD STE 120
SAN DIEGO, CA 92120-5007
*Phone:* (619) 583-6133
*Fax:* (619) 583-0321
*After Hours Phone:* (619) 583-6133
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,F 8:30AM-5PM, TU-TH 8:30AM-5:30PM, SA 9AM-5PM

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**SPITZER, MARSHA D**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A76785
*NPI:* 1851323315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SPITZER, MARSHA D**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: A76785
*NPI:* 1851323315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SPITZER, MARSHA D**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: A76785
*NPI:* 1851323315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**STAFFORD, DIANA G**
*Provider ID:* 435414
*Provider Gender:* Female
*License number*: A150668
*NPI:* 1225322183
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6475 ALVARADO RD STE 120
SAN DIEGO, CA 92120-5007
*Phone:* (619) 583-6133
*Fax:* (619) 583-0321
*After Hours Phone:* (619) 583-6133
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**STUMP, CHARI D**
*Provider ID:* 587747
*Provider Gender:* Female
*License number*: A173107
*NPI:* 1265968788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SULEIMAN QAFITI, KHAWLA H**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: A51318
*NPI:* 1659303121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

**TAMAYO, MAITHE F**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A80504
*NPI:* 1487748430
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**TAMAYO, MAITHE F**
*Provider ID:* 356145
*Provider Gender:* Female
*License number*: A80504
*NPI:* 1487748430
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TSANG, RUEY-SHIUAN T**
*Provider ID:* 319055
*Provider Gender:* Female
*License number*: A127164
*NPI:* 1518228188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VU, MYLOAN T**

*Provider ID:* 101443
*Provider Gender:* Female
*License number*: A45749
*NPI:* 1457453177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Grossmont Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6699 ALVARADO RD STE 2200
SAN DIEGO, CA 92120-5253
*Phone:* (619) 265-3400
*Fax:* (619) 265-3407
*After Hours Phone:* (619) 265-3400
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**WASSON, MINA K**
*Provider ID:* 524333
*Provider Gender:* Female
*License number*: C167860
*NPI:* 1366753022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130-2597
*Phone:* (858) 793-1011
*Fax:* (858) 793-1035
*After Hours Phone:* (858) 793-1011
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**WATERS, ELIZABETH J**
*Provider ID:* 153090
*Provider Gender:* Female
*License number*: A113933
*NPI:* 1730477621
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
292 EUCLID AVE STE 220
SAN DIEGO, CA 92114-3629
*Phone:* (619) 262-8624
*Fax:* (619) 262-6639
*After Hours Phone:* (619) 262-8624
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**WONG, YOLANDA Y**
*Provider ID:* 233532
*Provider Gender:* Female
*License number*: A94449
*NPI:* 1851599872
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**WONG, YOLANDA Y**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: A94449
*NPI:* 1851599872
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**ZAGULI, MARVIN J**
*Provider ID:* 237793
*Provider Gender:* Male
*License number*: G38188
*NPI:* 1508837501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZAGULI, MARVIN J**
*Provider ID:* 319041
*Provider Gender:* Male
*License number*: G38188
*NPI:* 1508837501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ZAHEER, AARON A**
*Provider ID:* 233532
*Provider Gender:* Male
*License number*: A61238
*NPI:* 1902882301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2058
*Fax:*
*After Hours Phone:* (619) 280-2058
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/22
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**ZAHEER, AARON A**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: A61238
*NPI:* 1902882301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA

7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM

**ZANDKARIMI, FARIBA**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: A46161
*NPI:* 1356373674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

## PHYSICIANS ASSISTANT

**ACOSTA, ANGELICA N**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA16245
*NPI:* 1952513517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM

**ACOSTA, ANGELICA N**
*Provider ID:* 356145
*Provider Gender:* Female
*License number*: PA16245
*NPI:* 1952513517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**AGUILAR-URREA, RUTH N**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA54661
*NPI:* 1699298190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**ALVARADO, EDMUND R**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: PA20888
*NPI:* 1720303340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**ARMENTA, JORGE**
*Provider ID:* 185268
*Provider Gender:* Male
*License number*: PA13694
*NPI:* 1346382611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**BATISTA, OSVALDO**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: PA17864
*NPI:* 1245349224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**BHAGAN, SHANNA**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: PA59874
*NPI:* 1437635943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CASTILLO, PATRICIA**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: PA17220
*NPI:* 1376550657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CHAN, TIFFANY C**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA23258
*NPI:* 1790111607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CHUCKA, RITA M**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PA58098
*NPI:* 1659745362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CHUCKA, RITA M**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: PA58098
*NPI:* 1659745362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**CONTRERAS, LORETTA L**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: PA54617
*NPI:* 1679096341
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M 8:30AM-5:30PM, TU,W,F 8:30AM-5PM, TH 8:30AM-9PM, SA 9AM-5PM

**DAVID, MARVIC T**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: PA53748
*NPI:* 1750832317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**DOLMETSCH, JEANETTE**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PA58905
*NPI:* 1164941456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DOLMETSCH, JEANETTE**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: PA58905
*NPI:* 1164941456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**DRAME, SALWA S**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PA59481
*NPI:* 1093136426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**DRAME, SALWA S**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: PA59481
*NPI:* 1093136426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**FINK, PATRICK M**
*Provider ID:* 402851
*Provider Gender:* Male
*License number*: PA52704
*NPI:* 1922380328
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**GARCIA, DEANA J**
*Provider ID:* 416831
*Provider Gender:* Female
*License number*: PA21042
*NPI:* 1447567995
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HOLM, STEVEN K**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: PA13752
*NPI:* 1932257573
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**HOXMEIER, KRYSTA M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: PA28505
*NPI:* 1104203454
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HOXMEIER, KRYSTA M**
*Provider ID:* 418142
*Provider Gender:* Female
*License number*: PA28505
*NPI:* 1104203454
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LAPINA, LORI L**
*Provider ID:* 206362
*Provider Gender:* Female

*License number*: PA23231
*NPI:* 1245670413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM

**LAPINA, LORI L**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: PA23231
*NPI:* 1245670413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LEON, FLOR M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA53788
*NPI:* 1902358237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LEON, FLOR M**
*Provider ID:* 356145
*Provider Gender:* Female
*License number*: PA53788
*NPI:* 1902358237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LEON, FLOR M**
*Provider ID:* 419529
*Provider Gender:* Female
*License number*: PA53788
*NPI:* 1902358237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113-1195
*Phone:* (619) 515-2422
*Fax:*
*After Hours Phone:* (619) 515-2422
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LE, ALEX T**
*Provider ID:* 417429
*Provider Gender:* Male
*License number*: PA22762
*NPI:* 1669713889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LOPEZ, MARIO A**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: PA21385
*NPI:* 1932335080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**LOPEZ, MARIO A**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PA21385
*NPI:* 1932335080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**LOPEZ, MARIO A**
*Provider ID:* 417987
*Provider Gender:* Male
*License number*: PA21385
*NPI:* 1932335080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

**MARTINEZ MURGUIA, IRENE**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: PA20296
*NPI:* 1447492889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM

**MCELROY, MICHELLE S**
*Provider ID:* 418142
*Provider Gender:* Female
*License number*: PA56714
*NPI:* 1871017541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MERCER, KELLY C**
*Provider ID:* 185268
*Provider Gender:* Female
*License number*: PA21625
*NPI:* 1154609790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
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*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

**MILLER, LAUREL K**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: PA20378
*NPI:* 1598992133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**O'MARA, ROBERT J**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: PA14526
*NPI:* 1336174382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**PHUNG, AIVI L**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: PA53902
*NPI:* 1639528110
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-1PM

**POLLEY, SHANNON**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: PA60864
*NPI:* 1225608722
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**QUICK, ELISABETH A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA21591
*NPI:* 1790055010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SCHELLIE, SCOTT A**
*Provider ID:* 417429
*Provider Gender:* Male
*License number*: PA53288
*NPI:* 1699053843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TAHRIRI, BAHAREH**
*Provider ID:* 417987
*Provider Gender:* Female
*License number*: PA51867
*NPI:* 1295147387
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**TOMASZEWSKI, DEBRA J**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: PA58081
*NPI:* 1215264452
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TOMASZEWSKI, DEBRA J**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: MT2061555
*NPI:* 1215264452
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**TREUNER, JULIE A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA17478
*NPI:* 1922013614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**TURNER, SHEREENA T**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PA20396
*NPI:* 1992934988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**UDOH, EKAETE D**
*Provider ID:* 418535
*Provider Gender:* Male
*License number*: PA19664
*NPI:* 1841472776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

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**VARGAS, ROBERT M**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: PA11194
*NPI:* 1972528081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**YIP, JACKAI A**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PA20996
*NPI:* 1558676171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**YOUNG-PEN, TONI E**
*Provider ID:* 206362
*Provider Gender:* Female
*License number*: PA18746
*NPI:* 1932297595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**YOUNG-PEN, TONI E**
*Provider ID:* 233597
*Provider Gender:* Female
*License number*: PA18746
*NPI:* 1932297595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

## PODIATRIST

**AHMED, AISHA**
*Provider ID:* 417101
*Provider Gender:* Female
*License number*: DPM5369
*NPI:* 1316326382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Website:* www.operationsamahan.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**BROWN, JAMES F**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: DPM4434
*NPI:* 1073513610
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**BROWN, JAMES F**
*Provider ID:* 233597
*Provider Gender:* Male
*License number*: DPM4434
*NPI:* 1073513610
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:*
*After Hours Phone:* (619) 563-0250
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**JUAREZ, LETICIA J**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: DPM5661
*NPI:* 1508393778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MILLER, GLENN A**
*Provider ID:* 206360
*Provider Gender:* Male
*License number*: DPM3584
*NPI:* 1164457966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**MILLER, GLENN A**
*Provider ID:* 206362
*Provider Gender:* Male
*License number*: DPM3584
*NPI:* 1164457966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2300
*Fax:* (619) 685-8317
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M 8:15AM-7PM, TU-TH 8:15AM-6PM, F 8:15AM-5:30PM, SA 8AM-5PM

**SCHNEIDER, SARAH A**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: DPM4819
*NPI:* 1326282237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SCHNEIDER, SARAH A**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: DPM4819
*NPI:* 1326282237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SCHNEIDER, SARAH A**
*Provider ID:* 402851
*Provider Gender:* Female
*License number*: DPM4819
*NPI:* 1326282237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SCHNEIDER, SARAH A**
*Provider ID:* 417429
*Provider Gender:* Female
*License number*: DPM4819
*NPI:* 1326282237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SHIN, HENRY J**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: DPM4180
*NPI:* 1780775379

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**PREVENTATIVE MEDICINE GENERAL**

**HILL, LINDA L**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: G41532
*NPI:* 1467434811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:*
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-4PM

**HILL, LINDA L**
*Provider ID:* 482070
*Provider Gender:* Female
*License number*: G41532
*NPI:* 1467434811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**RISSER, JOSEPH A**
*Provider ID:* 206046
*Provider Gender:* Male
*License number*: G70886
*NPI:* 1952386765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-4PM

**RISSER, JOSEPH A**
*Provider ID:* 482070
*Provider Gender:* Male
*License number*: G70886
*NPI:* 1952386765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

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*Phone:* (858) 810-8700
*Fax:*
*After Hours Phone:* (858) 810-8700
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-9PM, SA 9AM-4PM

**ROMERO, CAMILA X**
*Provider ID:* 206046
*Provider Gender:* Female
*License number*: A93812
*NPI:* 1508912130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 279-0925
*Website:* www.sdfamilycare.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

## RADIOLOGY DIAGNOSTIC X-RAY

**CLINE, DAVID W**
*Provider ID:* 185268
*Provider Gender:* Male
*License number*: G87837
*NPI:* 1922162015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Website:* www.lamaestra.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM

## REGISTERED PHYSICAL THERAPIST

**AGASHE, NEELAM**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PT291539
*NPI:* 1689027955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**BLOCKER, NIRIT S**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PT30272
*NPI:* 1457689309
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

**BLOCKER, NIRIT S**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PT30272
*NPI:* 1457689309
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**CONCORS, ANDREW L**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT12930
*NPI:* 1578706743
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**CUMMINGS, GEORGE P**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: PT295173
*NPI:* 1497236384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**CUMMINGS, GEORGE P**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT295173
*NPI:* 1497236384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DAHMS, MADELYNN**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PT295463
*NPI:* 1245712702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sign Language
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**FIELDING, JOSEPH S**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT40975
*NPI:* 1235577560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FOREYT, JANE K**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PT295063
*NPI:* 1487066346
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**HAPKE, ELENA**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: PT292613
*NPI:* 1003354895
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**IRIZARRY, NICOLE M**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: PT33914
*NPI:* 1003088063
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LEAVITT, IAN R**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: PT291088
*NPI:* 1275993560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**MAHONEY, KAITLYN**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: PT296559
*NPI:* 1114583176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MIGNEA, DAVID S**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: PT293536
*NPI:* 1043736879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**MIGNEA, DAVID S**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT293536
*NPI:* 1043736879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**REBELLO, MELANIE**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: PT297682
*NPI:* 1578922795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**REYES, CARMEN R**
*Provider ID:* 206353
*Provider Gender:* Female
*License number*: PT40285
*NPI:* 1639503725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM

**SCHMIDT, BRYAN J**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT28061
*NPI:* 1780685032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**VAN DYKE, JASON P**
*Provider ID:* 206353
*Provider Gender:* Male
*License number*: PT25155
*NPI:* 1487658720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:15AM-5PM, SA 9AM-5PM

**VAN DYKE, JASON P**
*Provider ID:* 417937
*Provider Gender:* Male
*License number*: PT25155
*NPI:* 1487658720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

## RHEUMATOLOGY

**HUYNH, DOQUYEN H**
*Provider ID:* 417937
*Provider Gender:* Female
*License number*: A110198
*NPI:* 1619135241
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-SA 9AM-5PM

**OGANDO, SHEENA M**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A142743
*NPI:* 1649564295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* John Muir Medical Center Walnut Creek Campus
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**REDDY, DANA A**
*Provider ID:* 206363
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**REDDY, DANA A**
*Provider ID:* 403583
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:*
*After Hours Phone:* (619) 233-8500
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## SPEECH PATHOLOGIST

**MANCILLAS, ANYA K**
*Provider ID:* 206360
*Provider Gender:* Female
*License number*: SP31261
*NPI:* 1528698057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**WILLIAMS, JESSICA D**

*Provider ID:* 206360
*Provider Gender:* Female
*License number*: SP27677
*NPI:* 1932680006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

## SAN MARCOS

### CERTIFIED NURSE PRACTITIONER

**BINETTE, DONYA L**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP95001653
*NPI:* 1427325166
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**DOAN, CHINH N**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP18874
*NPI:* 1083845069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**FREEMAN, WANDA**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**HENLEY, MEARA E**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP95002545
*NPI:* 1538319645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767

*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**KOUSARI, JHALEH**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP20893
*NPI:* 1811262405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MACIAS, ALISSA M**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP21368
*NPI:* 1952658445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MARTINEZ, ILIANA A**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NP95018018
*NPI:* 1336711753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

**CERTIFIED REGISTERED NURSE MIDWIFE**

**BELANGER, TANYA M**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NM235844
*NPI:* 1407287469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

**KELLY, KATHERINE M**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: NM235997
*NPI:* 1801134275
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

## CHIROPRACTOR

**LOVERN, JENNIFER K**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: DC29074
*NPI:* 1235469396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

## FAMILY PRACTICE

**MATIAS, JULIE M**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: 20A15159
*NPI:* 1083094510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**NATH, DEVARSHI**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: C54157
*NPI:* 1275630618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SAFI, ROOZCHEHR**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A116562
*NPI:* 1659563641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
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*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org

*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**WALKER, SHAYNA T**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**WILLIE, KADEN G**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: 20A17306
*NPI:* 1790133767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**FQHC**

**TRUECARE,**
*Provider ID:* 206426
*Provider Gender:*
*License number*: 080000167
*NPI:* 1245246917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

**INTERNAL MEDICINE**

**PONIACHIK, SAMUEL I**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: G74757
*NPI:* 1467485078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**WITCZAK, IZABELA**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A71311
*NPI:* 1184735201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Polish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**CAMPBELL, LETICIA J**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A131042
*NPI:* 1508124868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MOSTOFIAN, EIMANEH**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A97181
*NPI:* 1154477628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 753-7259
*After Hours Phone:* (760) 736-6700
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**POUNTNEY, MARLENE E**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A93248
*NPI:* 1174703680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:*
*After Hours Phone:* (760) 736-6700
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SCHWEIKERT, SUZANNE M**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A60958
*NPI:* 1477560142
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA

150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:*
*After Hours Phone:* (760) 736-6700
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**PEDIATRICS**

**MALHOTRA, ARATI**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: A63903
*NPI:* 1215135306
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**MONAHAN, CAROLYN O**
*Provider ID:* 50425
*Provider Gender:* Female
*License number*: G26892
*NPI:* 1619973666
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078-4081
*Phone:* (760) 744-6710
*Fax:* (760) 744-6156
*After Hours Phone:* (760) 744-6710
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**POSADAS, EMERITO D**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: A48980
*NPI:* 1720093198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**QUINTERO, CAROLYN S**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: G77053
*NPI:* 1023033156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**ROSENFELD, GINA**
*Provider ID:* 36393
*Provider Gender:* Female
*License number*: G76842
*NPI:* 1235135286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078-4081
*Phone:* (760) 744-6710
*Fax:* (760) 744-6156
*After Hours Phone:* (760) 744-6710
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:45PM, SA 9AM-5PM

**SEBIANE, MARIA G**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: G71182
*NPI:* 1740295229
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**SOCHA, TRACI E**
*Provider ID:* 428861
*Provider Gender:* Female
*License number*: 20A7862
*NPI:* 1669478616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078-4081
*Phone:* (760) 744-6710
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*After Hours Phone:* (760) 744-6710
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:45PM, SA 9AM-5PM

## PHYSICIANS ASSISTANT

**BERNARDO, RACHELLE A**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: PA17718
*NPI:* 1821237678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**BLAKESPEAR, JEREMY D**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: PA19825
*NPI:* 1750474177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
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*Phone:* (760) 736-6767
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**CHISWICK, GARY R**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: PA22667
*NPI:* 1174964001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**KOSEL, MATTHEW J**
*Provider ID:* 206426
*Provider Gender:* Male
*License number*: PA17101
*NPI:* 1316947302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

**RUSSO, KRISTA L**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: PA53036
*NPI:* 1922471192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

**SPENCE, JAMIE N**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: PA21723
*NPI:* 1518133032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM

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**TAHRIRI, BAHAREH**
*Provider ID:* 206426
*Provider Gender:* Female
*License number*: PA51867
*NPI:* 1295147387
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM

## SAN YSIDRO

### CARDIOVASCULAR DISEASE

**PONCE, SONIA G**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A145008
*NPI:* 1164659033
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

### CERTIFIED NURSE PRACTITIONER

**CELIZ, ADRIANA G**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP95004315
*NPI:* 1972956514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHING, LEYDA B**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP20123
*NPI:* 1508098294
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 600-4867
*Fax:*
*After Hours Phone:* (619) 600-4867
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**GARCIA, TEDAYSHIA P**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: NP95003355
*NPI:* 1659730778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA

4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**GUADARRAMA, IGNACIO**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: NP95003671
*NPI:* 1821331174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**IBARRA, MARTHA A**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: NP12112
*NPI:* 1114957289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**IBARRA, MARTHA A**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP12112
*NPI:* 1114957289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**PITTMAN, LILIANA**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP95017732
*NPI:* 1326599002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SANCHEZ, MYRNA A**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP95003721
*NPI:* 1548614506

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*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**VAZQUEZ-ERLBECK, MARTHA**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: NP95001960
*NPI:* 1669865960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHIROPRACTOR**

**OCHOA, RAUL O**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: DC33693
*NPI:* 1518401827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FAMILY PRACTICE**

**ALGHAMDI, ASMA M**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: A167529
*NPI:* 1316310840
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ALVAREZ-ESTRADA, MIGUEL**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A157505
*NPI:* 1588197826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

**ALVAREZ-ESTRADA, MIGUEL**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: A157505
*NPI:* 1588197826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 205-1967
*Fax:*
*After Hours Phone:* (619) 205-1967
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**BAUM, PETER M**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: 20A14949
*NPI:* 1174919971
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**BORSAN, COSMIN**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: 20A17643
*NPI:* 1679060255
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Romanian
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**CARRIEDO CENICEROS, MARIA T**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A78373
*NPI:* 1295746618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CASTILLO, STEPHANIE**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A159673
*NPI:* 1902330723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

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*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**CEVALLOS, JAMES E**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A55469
*NPI:* 1720181829
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CORONADO, MYRNA L**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A112627
*NPI:* 1710147566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 428-4463
*Fax:*
*After Hours Phone:* (619) 428-4463
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CORONADO, MYRNA L**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A112627
*NPI:* 1710147566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ESTRADA, JOHANNA A**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A127188
*NPI:* 1255698155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**HEINRICI, ALEKA D**
*Provider ID:* 206292
*Provider Gender:* Female

*License number*: A125329
*NPI:* 1780979120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* John Muir Medical Center Walnut Creek Campus
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**HENDRIX, JEFFERSON C**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: A32571
*NPI:* 1235142738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**HERNANDEZ, RALPH C**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: C42207
*NPI:* 1285782151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**HERNANDEZ, RALPH C**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: C42207
*NPI:* 1285782151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**LARA, LESLEY**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A173435
*NPI:* 1184112682
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM

**LEE, JOSEPH Y**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A164201
*NPI:* 1417480948
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* St Elizabeth Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**LEE, JOSEPH Y**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: A164201
*NPI:* 1417480948
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* St Elizabeth Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**LEPEZ, DAVID**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A130348
*NPI:* 1205196029
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

**NAVARRO, VANESSA M**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: A113624
*NPI:* 1952563421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Filipino, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**NGUYEN, CARIE C**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A106103
*NPI:* 1174781132
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**NIKZAD, JASON**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: 20A12653
*NPI:* 1508121674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**RAJAIPOUR, NEGIN**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: A145480
*NPI:* 1508286709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**ROSENBAUM, HERBERT B**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A169694
*NPI:* 1922532712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SALEM, RAMSEY A**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A158364
*NPI:* 1245401298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SNYDER, CHRISTOPHER L**
*Provider ID:* 206292

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*Provider Gender:* Male
*License number*: 20A7502
*NPI:* 1922041235
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pih Hospital - Downey, John F Kennedy Memorial Hosp, Cedars Sinai Medical Center, Scripps Memorial Hospital Encinitas, Eisenhower Medical Ctr, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**TALAVERA, GREGORY A**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A40061
*NPI:* 1740337161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 8:30AM-5:30PM, W-SA 9AM-5PM

**TREJO, RAUL**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A77936
*NPI:* 1174534184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**VELASQUEZ, SHARON F**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A71304
*NPI:* 1972732584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**FQHC**

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**
*Provider ID:* 227411
*Provider Gender:*
*License number*:
*NPI:* 1952364747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN

CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**
*Provider ID:* 206292
*Provider Gender:*
*License number*:
*NPI:* 1952364747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**
*Provider ID:* 227469
*Provider Gender:*
*License number*:
*NPI:* 1801438239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## GENERAL PRACTICE

**TEJEDA, FRANCISCO J**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A66885
*NPI:* 1407940075
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## GYNECOLOGY

**CALDERON, JORGE A**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A40480
*NPI:* 1407800881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Lompoc Valley Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

## INFECTIOUS DISEASE

**PARK, DANIEL**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A99433
*NPI:* 1538371844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

## INTERNAL MEDICINE

**ALDOUS, JEANNETTE L**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A101017
*NPI:* 1073650339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CARPENTER, ROBERT J**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: 20A10964
*NPI:* 1356343040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**CHEN, TSUH YIN**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: C55563
*NPI:* 1093803520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CHOW, MAN HUNG J**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: G66745
*NPI:* 1225149115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Paradise

Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**DE LA ROSA, JOSE B**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A49267
*NPI:* 1689646572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DIAZ-GONZALEZ, VICENTE**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A84160
*NPI:* 1790745776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DILLON, BENEDICT S**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: A111118
*NPI:* 1710142708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Chula Vista Comm Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**KAUFER, DAVID I**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: G80107
*NPI:* 1710082789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**MAY, LOUIS M**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A138568
*NPI:* 1720497514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Eisenhower Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 966-4100
*Fax:*
*After Hours Phone:* (619) 966-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**POAST, JENNIFER L**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: 20A8245
*NPI:* 1164435681
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 428-4463
*Fax:*
*After Hours Phone:* (619) 428-4463
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SALERNO, MARIANA V**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A131021
*NPI:* 1598921645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St. Joseph Hospital Eureka
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SCHNEIDER-MUNOZ, MARGARITA P**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: G81461
*NPI:* 1821299520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SHEIKH MOHAMED, AMIRA A**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: A153975
*NPI:* 1831583079
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Hindi, Italian, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

*Phone:* (619) 662-4100
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SY, RAMON S**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: A51843
*NPI:* 1982617403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**VELAZQUEZ CAMARENA, MARIA D**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A56153
*NPI:* 1518965714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**WEN, AKI YEN CHANG**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: 20A12555
*NPI:* 1205126505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**OBSTETRICS / GYNECOLOGY**

**BERGGREN, ERICA K**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: C158543
*NPI:* 1912159674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**CARR, MIANDA C**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A104660
*NPI:* 1083815823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* St Josephs Med Center Of Stockton, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**CARSON, LATISA S**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A72235
*NPI:* 1245229129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DANESHMAND, SHAHRAM S**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A63844
*NPI:* 1891867412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**DANESHMAND, SHAHRAM S**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: A63844
*NPI:* 1891867412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1948
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**DINH, MY T**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: 20A9907
*NPI:* 1316146996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**DOLINSKY, BRAD M**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: C149818
*NPI:* 1942480199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**FAKSH, ARIJ**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
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*After Hours Phone:* (619) 662-4100
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

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♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**GOLDSTEIN, EDWARD M**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: G20087
*NPI:* 1982617494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1948
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**JENKINS, ENCHANTA L**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: C143625
*NPI:* 1285604702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**JIBRIL, DEANAH A**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: 20A17489
*NPI:* 1134183114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Riverside Community Hosp
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**LAI, JASMINE**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A113482
*NPI:* 1265661177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**MAJERSKI GONZALEZ, MANDY M**
*Provider ID:* 227411

*Provider Gender:* Female
*License number*: A113914
*NPI:* 1982812392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**MENDEZ, DIEGO**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SHORT, ABIADE C**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A114893
*NPI:* 1750559589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**STARIKOV, ROMAN S**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: C160626
*NPI:* 1396966537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian

*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

## OPHTHALMOLOGY

**MANI, NASRIN**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SKAF, AYHAM R**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**ACEVEDO, SUSANA**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A74960
*NPI:* 1801971569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**BARBADILLO, FERDINAND F**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A49307
*NPI:* 1982662193
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 8:30AM-5:30PM, W-SA 9AM-5PM

**BARBADILLO, FERDINAND F**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: A49307
*NPI:* 1982662193
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1948
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CABARLO, JEHRIB M**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: 20A8516
*NPI:* 1770661340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**CHAIT LLAMAS, LWBBA G**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A138938
*NPI:* 1134567530
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FUJII, CINDY M**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: G52183
*NPI:* 1871664821
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**GHAHREMANI, SIMIN M**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: C51110

*NPI:* 1508904657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
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*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**HERMAN, ANDREA M**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A72721
*NPI:* 1518970037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Board Certified Specialty:* No
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**HURST, MICHAEL D**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: 20A8081
*NPI:* 1205893104
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sutter Tracy Community Hosp, Scripps Memorial Hospital
*Board Certified Specialty:* No
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*Phone:* (619) 662-4100
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*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-2PM

**PIANSAY, MARIA CORAZON M**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: A93785
*NPI:* 1669680351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SAHMS, TIMOTHY D**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: G51462
*NPI:* 1780697276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-7:30PM, SA 8:30AM-2PM

**SAHMS, TIMOTHY D**
*Provider ID:* 227411
*Provider Gender:* Male
*License number*: G51462
*NPI:* 1780697276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1948
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SHAHIDYAZDANI, TINA**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A94813
*NPI:* 1891924858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**SULLIVAN, ELISSA K**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A169577
*NPI:* 1790216422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**TAYLOR, TASHA K**
*Provider ID:* 227411
*Provider Gender:* Female
*License number*: A82187
*NPI:* 1528144433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1948
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## PHYSICIANS ASSISTANT

**HARMIS, NATASHA N**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: PA58672
*NPI:* 1013516996
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**KAMOTO, LYNN T**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: PA17162
*NPI:* 1447326459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SHARPE, NORMA A**
*Provider ID:* 206292
*Provider Gender:* Female
*License number*: PA20490
*NPI:* 1619100237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**SUNA SITTO, MOHEEN**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: PA22855
*NPI:* 1497196729
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 600-4867
*Fax:*
*After Hours Phone:* (619) 600-4867
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## PODIATRIST

**MANCHEL, BRUCE A**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

**MANCHEL, BRUCE A**
*Provider ID:* 227469
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**REGISTERED PHYSICAL THERAPIST**

**DESOUSA, MICHELLE M**
*Provider ID:* 227469
*Provider Gender:* Female
*License number*: PT294313
*NPI:* 1912443649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SURGERY GENERAL**

**OKWUOSA, CHRIS U**
*Provider ID:* 206292
*Provider Gender:* Male
*License number*: A170738
*NPI:* 1114336260
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Mary Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.ihpsocal.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SANTEE**

**FQHC**

**SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,**
*Provider ID:* 520609
*Provider Gender:*
*License number*: 550003575
*NPI:* 1376184911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6687
*Fax:* (619) 873-3477
*After Hours Phone:* (619) 445-6687
*Website:* https://www.southbayhearing.com/
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M 10:30AM-11:45AM, TU-SA 9AM-5PM

**PEDIATRICS**

**FINK, REBECCA**
*Provider ID:* 502786
*Provider Gender:* Female
*License number*: A159345
*NPI:* 1659725562
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9600 CUYAMACA ST STE 101
SANTEE, CA 92071-2692
*Phone:* (619) 749-2150
*Fax:* (619) 456-9744
*After Hours Phone:* (619) 749-2150
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MANGINE, REGINA M**
*Provider ID:* 366456
*Provider Gender:* Female
*License number*: A101261
*NPI:* 1417177577
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9600 CUYAMACA ST STE 101
SANTEE, CA 92071-2692
*Phone:* (619) 749-2150
*Fax:* (619) 456-9744
*After Hours Phone:* (619) 749-2150
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

## SPRING VALLEY

### CERTIFIED NURSE PRACTITIONER

**LEONARD, BEVERLY S**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: NP10943
*NPI:* 1285772392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

### FAMILY PRACTICE

**BACHARACH, REBECCA E**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: 20A15459
*NPI:* 1225442643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARDONES, ARTHUR J**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: A55932
*NPI:* 1962436451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035

*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CONSTANTINO, STEPHANIE L**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A149063
*NPI:* 1366824971
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**ROSE, PATRICIA A**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A76059
*NPI:* 1588677314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**SHAH, SAGAR K**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: A171687
*NPI:* 1164780052
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**FQHC**

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,**
*Provider ID:* 206361
*Provider Gender:*
*License number*:
*NPI:* 1508801069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:* (619) 462-5584
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# C. Directorio de proveedores de atención primaria

## INTERNAL MEDICINE

**SHAHZAD, AHMAD**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: C169910
*NPI:* 1982983557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Uc Davis Medical Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**BUECHNER, CHARLENE A**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CAMPBELL, ELIZABETH C**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: 20A6763
*NPI:* 1932147329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**CARTER, KHALIL J**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**CERVANTES, SANDRA M**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**DE MIK, TRAVIS J**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: A108228
*NPI:* 1629277322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**HANLEY, LAUREN E**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: C174771
*NPI:* 1053392035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

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*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**LIPSCHITZ, LISA S**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**LOEFFLER, ALLISON M**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**SAPRA, SONIA V**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A164859
*NPI:* 1952751711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**SINGH, RASHMI**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A168236
*NPI:* 1679937619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

**WINESBURG, JENNIFER J**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**ZIEG, ALAN J**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD

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SPRING VALLEY, CA
91977-4035
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

## PEDIATRICS

**GONZALEZ, AMANDA R**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: A169342
*NPI:* 1750745493
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
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*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

## PHYSICIANS ASSISTANT

**LOPEZ, MARIO A**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: PA21385
*NPI:* 1932335080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
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SPRING VALLEY, CA
91977-4035
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*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU,SA 9AM-5PM

**TRAN, TU-UYEN T**
*Provider ID:* 206361
*Provider Gender:* Female
*License number*: PA54588
*NPI:* 1598293748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM

**TURNER, ERIC M**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: PA55067
*NPI:* 1669756128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

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# C. Directorio de proveedores de atención primaria

### PODIATRIST

**MILLER, GLENN A**
*Provider ID:* 206361
*Provider Gender:* Male
*License number*: DPM3584
*NPI:* 1164457966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Website:* www.fhcsd.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM

## VALLEY CENTER

### PEDIATRICS

**CRAYCHEE, LEO C**
*Provider ID:* 71887
*Provider Gender:* Male
*License number*: G59127
*NPI:* 1265432710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
28714 VALLEY CENTER RD STE L
VALLEY CENTER, CA 92082-6554
*Phone:* (760) 749-7770
*Fax:* (760) 751-9988
*After Hours Phone:* (760) 749-7770
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

## VISTA

### CARDIOLOGY

**DO, HULBERT N**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: C162072
*NPI:* 1679733760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**BAEK, KILHYO K**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP95003571
*NPI:* 1053776914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

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# C. Directorio de proveedores de atención primaria

**BROMAN, GRETCHEN L**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**DO, JACKIE V**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: NP95016368
*NPI:* 1356925283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**HALGEDAHL, YI T**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: NP95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**HALGEDAHL, YI T**
*Provider ID:* 400339
*Provider Gender:* Male
*License number*: NP95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**KAYE, ALYSON R**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP23217
*NPI:* 1457668840
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218

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*Phone:* (760) 414-3892
*Fax:*
*After Hours Phone:* (760) 414-3892
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**KELLEHER, BRIDGET M**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP95003447
*NPI:* 1245695006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**KELLEHER, BRIDGET M**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: NP95003447
*NPI:* 1245695006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**MAOKHAMPHIOU, DEBBIE W**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP95009149
*NPI:* 1275025827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**NICHOLAS, ESTELA M**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP11448
*NPI:* 1558384792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T,

W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**PATEMAN, CAROLYN U**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP10896
*NPI:* 1205859444
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**SCHAEPE, RHODORA A**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: NP7791
*NPI:* 1700974789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**SCHAEPE, RHODORA A**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: RN410247
*NPI:* 1700974789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**YOUNG, JENNIFER A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NP95003087
*NPI:* 1558701094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 414-3892
*Fax:*
*After Hours Phone:* (760) 414-3892
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM

## CERTIFIED REGISTERED NURSE MIDWIFE

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

## CHIROPRACTOR

**CORTEZ, JAIME**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: DC31392
*NPI:* 1508195348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 414-3892
*Fax:*
*After Hours Phone:* (760) 414-3892
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**JU, NATHANIEL**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: DC32054
*NPI:* 1972883882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**JU, NATHANIEL**
*Provider ID:* 400339
*Provider Gender:* Male
*License number*: DC32054
*NPI:* 1972883882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

## FAMILY PRACTICE

**ESPINOSA-SILVA, YAMINAH**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: 20A12958
*NPI:* 1003172016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**ESPINOSA-SILVA, YAMINAH**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: 20A12958
*NPI:* 1003172016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
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*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

**FATLAND, SARAH E**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: 20A18374
*NPI:* 1831354026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*After Hours Phone:* (760) 631-5000
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www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**KETCHEL, CLINT**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: A135564
*NPI:* 1699038125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**KETCHEL, CLINT**
*Provider ID:* 400339
*Provider Gender:* Male
*License number*: A135564
*NPI:* 1699038125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center
*Board Certified Specialty:* No
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**KNAPP, GEORGE S**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: NP95009284
*NPI:* 1124500012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**LAROCQUE, MICHAEL A**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: C34614
*NPI:* 1306879549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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VISTA, CA 92084-5218
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-F 8AM-7PM, SA 9AM-4PM

**LEONARD, LISA A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: G79676
*NPI:* 1477588598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*Fax:* (760) 414-3892
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**MERRILL-WILSON, PATRICIA**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: 20A13157
*NPI:* 1427038926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**PANICKER, CIBU**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: A149340
*NPI:* 1235492760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**SIMATI, BETH L**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: C156596
*NPI:* 1417187618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**SIMATI, BETH L**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: C156596
*NPI:* 1417187618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Whittier Hospital Medical Center, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM

**THOMPSON, CHERYL E**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A102687
*NPI:* 1548429863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**VIDAL, MONICA M**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: 20A8949
*NPI:* 1871791749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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*Website:* www.vistacommunityclinic.org
*Email:*
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*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**FQHC**

**VCC DURIAN,**
*Provider ID:* 411518
*Provider Gender:*
*License number*: 080000328
*NPI:* 1851300123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* IHP OF SOUTHERN CALIFORNIA
105 DURIAN ST STE A
VISTA, CA 92083-6206
*Phone:* (844) 308-5003
*Fax:* (760) 414-3892
*After Hours Phone:* (844) 308-5003
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**VCC DURIAN,**
*Provider ID:* 411518
*Provider Gender:*
*License number*: 1851300123
*NPI:* 1851300123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* IHP OF SOUTHERN CALIFORNIA
105 DURIAN ST STE A
VISTA, CA 92083-6206
*Phone:* (844) 308-5003
*Fax:* (760) 414-3892
*After Hours Phone:* (844) 308-5003
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**VISTA COMMUNITY CLINIC GRAPEVINE,**
*Provider ID:* 400339
*Provider Gender:*
*License number*: 080000328
*NPI:* 1851300123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**VISTA COMMUNITY CLINIC,**
*Provider ID:* 206338
*Provider Gender:*
*License number*: 080000002
*NPI:* 1851300123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**VISTA COMMUNITY CLINIC,**

*Provider ID:* 206338
*Provider Gender:*
*License number*: 080000002
*NPI:* 1316501562
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:*
IHP OF SOUTHERN CALIFORNIA
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

## GENERAL PRACTICE

**RONAN, KEVIN J**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: G77176
*NPI:* 1225017353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

## INTERNAL MEDICINE

**BOQUIN, ENRIQUE M**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: C52564
*NPI:* 1891759403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**DELGADILLO, ALEXANDER**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: G89399
*NPI:* 1245298769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
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*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**DELGADILLO, ALEXANDER**
*Provider ID:* 400339
*Provider Gender:* Male
*License number*: G89399
*NPI:* 1245298769
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
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*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM, SA 9AM-5PM

**HASSANI, FARZANEH**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: C54458
*NPI:* 1942204979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Persian, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
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*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**RHIANNON, JULIA**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: C171929
*NPI:* 1508959347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**PARIKH, MILIND D**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

## INTERVENTIONAL CARDIOLOGY

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-2PM, F 8AM-5PM, SA 9AM-4PM

## OBSTETRICS / GYNECOLOGY

**ARRIETA, IRIS R**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A125026
*NPI:* 1659614303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**FRANCIS, LARRY N**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: A34827
*NPI:* 1215008552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Sharp Memorial Hospital
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**HAWKINS, MELISSA A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A62780
*NPI:* 1851620447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**KARANIKKIS, CHRISTOS A**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: 20A9149
*NPI:* 1235192691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**LEON, JOSUE D**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: A80635
*NPI:* 1497799092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**LOPEZ, SANDRA**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A73316
*NPI:* 1962421651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (858) 715-1316
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**QUAN, MARIA C**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: C143703
*NPI:* 1043281405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Saddleback Memorial Med Ctr, Hoag Memorial Hospital Presbyterian
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

## PEDIATRICS

**AMANI, RAMIN**
*Provider ID:* 79901
*Provider Gender:* Male
*License number*: A53984
*NPI:* 1659366292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
950 CIVIC CENTER DR # A

VISTA, CA 92083-5208
*Phone:* (760) 439-4839
*Fax:* (760) 439-4841
*After Hours Phone:* (760) 439-4839
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU 12PM-5PM, W-F 9AM-2PM, SA 9AM-5PM

**AMBO, STANLEY G**
*Provider ID:* 52269
*Provider Gender:* Male
*License number*: G77814
*NPI:* 1891735676
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BAILEY, ROMANA**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A72224
*NPI:* 1396023685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Czech, Slovak
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Community Memorial Hosp Of San Buenaventura, St Johns Regional Medical Center, Fountain Valley Regional Hosp And Med Ctr, Saddleback Memorial Med Ctr, Providence Little Co Of Mary Med Ctr Torrance
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**CASTRO, JORGE L**
*Provider ID:* 100779
*Provider Gender:* Male
*License number*: A41618
*NPI:* 1326082868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**FREDRICKS, ROBERT E**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: G86902
*NPI:* 1073524492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218

*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**GRANT, COLETTE L**
*Provider ID:* 328679
*Provider Gender:* Female
*License number*: G65865
*NPI:* 1073638680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**GUNTA, SUJANA S**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A109056
*NPI:* 1932304342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**HARTFORD, NICOLE P**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: 20A14390
*NPI:* 1346530466
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 414-3892
*Fax:*
*After Hours Phone:* (760) 414-3892
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**HOKE, EILEEN M**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A62558
*NPI:* 1528031457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Naval Medical Ctr Sd Rbe
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**KAISER, EMILY S**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A173511
*NPI:* 1518371046
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**LUSCHWITZ, BRIAN S**
*Provider ID:* 400339
*Provider Gender:* Male
*License number*: A60517
*NPI:* 1205868510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**MOVAHHEDIAN, HAMID R**
*Provider ID:* 206338
*Provider Gender:* Male
*License number*: A49253
*NPI:* 1619920816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**NAUDIN, VERONICA L**
*Provider ID:* 84118
*Provider Gender:* Female
*License number*: G75489
*NPI:* 1093755878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**PARK, SUE A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A64003
*NPI:* 1538176201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**PERTL, URSULA G**
*Provider ID:* 593894
*Provider Gender:* Female
*License number*: A89997
*NPI:* 1609947464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-2PM, M-F 8AM-5PM, SA 8AM-12PM

**RAHIMI, NASSRIN**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: A56214
*NPI:* 1063438166
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

**RAYA-MORONES, RUBY A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: G51286
*NPI:* 1164467791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pih Health Hospital - Whittier, Marian Regional Medical Center, Whittier Hospital Medical Center, Providence St Jude Medical Center
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

## PHYSICIANS ASSISTANT

**WALLACE, STEPHANIE C**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: PA19629
*NPI:* 1518104942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Board Certified Specialty:* No

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VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 9AM-8PM, F 9AM-5PM, SA 9AM-4PM

**WEAVER, APRIL H**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: PA20775
*NPI:* 1063552800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (844) 308-5003
*Fax:*
*After Hours Phone:* (844) 308-5003
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**WEAVER, APRIL H**
*Provider ID:* 400339
*Provider Gender:* Female
*License number*: PA20775
*NPI:* 1063552800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:*
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-2PM, F 8AM-5PM, SA 8AM-4PM

## PODIATRIST

**MILLER, JULIE A**
*Provider ID:* 206338
*Provider Gender:* Female
*License number*: DPM3999
*NPI:* 1619115664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Website:* www.vistacommunityclinic.org
*Email:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T, W, ME
*Hours:* M-SA 9AM-5PM

## ALPINE

### CERTIFIED NURSE PRACTITIONER

**NACE, MICHAEL A , NPA**
*Provider ID:* 240033
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 445-6200
*Fax:*
*After Hours Phone:* (619) 445-6200
*Provider Gender:* Male
*License number*: NP11492
*NPI:* 1912929936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

### CHIROPRACTOR

**ABDULRAHIM, AHMED M**
*Provider ID:* 287872
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DC28335
*NPI:* 1619040292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KELCHNER, MATTHEW O**
*Provider ID:* 290507
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103
*Phone:* (619) 662-4100
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DC22733
*NPI:* 1174656755
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

### OPHTHALMOLOGY

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268753
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHANG, TOM S , MD**
*Provider ID:* 270362

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (800) 897-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 897-2020
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Armenian, Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262447
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 268957
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 108009
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE**
*Provider ID:* 262317
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268739
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262408
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268803
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 262391
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268918
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 445-2687
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WAINESS, REID M , MD**
*Provider ID:* 254761
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108766
*NPI:* 1396935979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 5/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CAMPO**

**CERTIFIED NURSE PRACTITIONER**

**NACE, MICHAEL A , NPA**
*Provider ID:* 240032
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:*
*After Hours Phone:* (619) 445-6200
*Provider Gender:* Male

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*License number*: NP11492
*NPI:* 1912929936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARLSBAD

### CERTIFIED BEHAVIORAL ANALYST MASTERS

**EVANS, MELISSA**
*Provider ID:* 122850
*Board Certified Specialty:* No
MAXIM HEALTHCARE SERVICES INC
2141 PALOMAR AIRPORT RD STE 350
CARLSBAD, CA 92011-1451
*Phone:* (760) 438-0078
*Fax:* (877) 839-6751
*After Hours Phone:* (760) 438-0078
*Provider Gender:* Female
*License number*: BCBA16189
*NPI:* 1194130484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JACQUART, AMANDA**
*Provider ID:* 123284
*Board Certified Specialty:* No
CENTER FOR AUTISM AND RELATED DISORDER
5140 AVENIDA ENCINAS
CARLSBAD, CA 92008-4372
*Phone:* (760) 795-9898
*Fax:* (818) 449-0994
*After Hours Phone:* (760) 795-9898
*Provider Gender:* Female
*License number*: BCBA11725364
*NPI:* 1154854271
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-9PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

### CERTIFIED NURSE PRACTITIONER

**BIERMAN, ANDREW, NPA**
*Provider ID:* 247291
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3007
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: NP95011909
*NPI:* 1306408505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BINAVI, HOWNAZ Z , NPA**
*Provider ID:* 265369
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 120
CARLSBAD, CA 92011-4219
*Phone:* (760) 884-5990
*Fax:* (760) 448-4404
*After Hours Phone:* (760) 884-5990
*Provider Gender:* Female
*License number*: NP95010956
*NPI:* 1083276273

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kurdish, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BISHOP, LESLIE A , NPA**
*Provider ID:* 243217
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: NP95010047
*NPI:* 1669941878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Tri City Medical Ctr, Palomar Medical Center, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TH-SA 9AM-5PM, TU,W 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HOOPER, BONNIE J , NPA**
*Provider ID:* 275252
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 120
CARLSBAD, CA 92011-4219
*Phone:* (760) 884-5990
*Fax:* (760) 448-4404
*After Hours Phone:* (760) 884-5990
*Provider Gender:* Female
*License number*: NP6495
*NPI:* 1821062878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KASTNER, NICOLE D**
*Provider ID:* 289744
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3257 CAMINO DE LOS COCHES STE 202
CARLSBAD, CA 92009-8915
*Phone:* (760) 633-3640
*Fax:* (760) 633-3644
*After Hours Phone:* (760) 633-3640
*Provider Gender:* Female
*License number*: NP14131
*NPI:* 1023051869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCNALLY, PAUL D**
*Provider ID:* 115263
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: NP19028
*NPI:* 1588893788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCNALLY, PAUL D**
*Provider ID:* 115263
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: RN706288
*NPI:* 1588893788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POLIZZI, BRITTANY**
*Provider ID:* 289718
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 120
CARLSBAD, CA 92011-4219
*Phone:* (760) 448-4484
*Fax:* (760) 448-4404
*After Hours Phone:* (760) 448-4484
*Provider Gender:* Female
*License number*: NP95018533
*NPI:* 1821692336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSS, JESSICA L**
*Provider ID:* 285921
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: NP95014065
*NPI:* 1265082838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## DERMATOLOGY

**BROUHA, BROOK L , MD**
*Provider ID:* 267945
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 120
CARLSBAD, CA 92011-4219
*Phone:* (760) 884-5990
*Fax:* (760) 448-4404
*After Hours Phone:* (760) 884-5990
*Provider Gender:* Male
*License number*: A97902
*NPI:* 1114173937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FAMILY PRACTICE**

**MADHAV, KINJAL S , MD**
*Provider ID:* 244004
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A132338
*NPI:* 1124385182
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEARING AID DEALER / SUPPLIER**

**DAVIS, KELLE L , MD**
*Provider ID:* 268654
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1820 MARRON RD STE 102
CARLSBAD, CA 92008-1177
*Phone:* (760) 434-0125
*Fax:* (760) 434-4531
*After Hours Phone:* (760) 434-0125
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NEUROLOGY**

**CHOUDRY, BILAL A , MD**
*Provider ID:* 85292
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A114607
*NPI:* 1396921144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8AM-6PM, TU-TH 8AM-5PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOUDRY, BILAL A**
*Provider ID:* 85292
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A114607
*NPI:* 1396921144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Temecula Valley

Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DESADIER, LAURA L**
*Provider ID:* 102205
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A14045
*NPI:* 1245487982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DESADIER, LAURA L**
*Provider ID:* 242451
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A14045
*NPI:* 1245487982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 12/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-W,F 8:30AM-4:30PM, TH 9:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRISHBERG, BENJAMIN M**
*Provider ID:* 65471
*Board Certified Specialty:* Yes
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G43493
*NPI:* 1952346348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRISHBERG, BENJAMIN M , MD**
*Provider ID:* 65471
*Board Certified Specialty:* Yes
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G43493
*NPI:* 1952346348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GUALBERTO, GARY C**
*Provider ID:* 103158
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: C138319
*NPI:* 1689875668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GUALBERTO, GARY C , MD**
*Provider ID:* 103158
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: C138319
*NPI:* 1689875668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LANE, RICHARD A**
*Provider ID:* 276889
*Board Certified Specialty:* No
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6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3007
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A160001
*NPI:* 1669859443
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAWLER, ABIGAIL C , MD**
*Provider ID:* 124983
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219

*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A152080
*NPI:* 1568789741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAWLER, ABIGAIL C**
*Provider ID:* 124983
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A152080
*NPI:* 1568789741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LOBATZ, MICHAEL A**
*Provider ID:* 52424
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G38353
*NPI:* 1619912078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:*

**NIELSEN, AMY C**
*Provider ID:* 74893
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A11494
*NPI:* 1730110529
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NIELSEN, AMY C**

*Provider ID:* 74893
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A11494
*NPI:* 1730110529
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OH, IRENE J , MD**
*Provider ID:* 52430
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A106450
*NPI:* 1306089008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OH, IRENE J**
*Provider ID:* 52430
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A106450
*NPI:* 1306089008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OMURO, ARTHUR K**
*Provider ID:* 276907
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3007
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: 20A15164
*NPI:* 1851785505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PADUGA, REMIA S**
*Provider ID:* 57065
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A113451
*NPI:* 1194933853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PADUGA, REMIA S , MD**
*Provider ID:* 57065
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A113451
*NPI:* 1194933853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PHAM, ALISE K**
*Provider ID:* 276490
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A18259
*NPI:* 1184011363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUESNELL, TARA A**
*Provider ID:* 109393
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A13609
*NPI:* 1619288172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUESNELL, TARA A**
*Provider ID:* 109393
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A13609
*NPI:* 1619288172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSENBERG, JAY H**
*Provider ID:* 31935
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G17059
*NPI:* 1609804848
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Riverside Community Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SADOFF, MARK N**
*Provider ID:* 40012
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G42818
*NPI:* 1497784946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SADOFF, MARK N , MD**
*Provider ID:* 40012
*Board Certified Specialty:* Yes
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G42818
*NPI:* 1497784946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAHAGIAN, GREGORY A , MD**
*Provider ID:* 65995
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A62263
*NPI:* 1831132109
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAHAGIAN, GREGORY A**
*Provider ID:* 94241
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A62263
*NPI:* 1831132109
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHIM, JACK D , MD**
*Provider ID:* 52446
*Board Certified Specialty:* Yes
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G48807
*NPI:* 1346276375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**SCHIM, JACK D**
*Provider ID:* 52446
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G48807
*NPI:* 1346276375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WANG, ANCHI, MD**
*Provider ID:* 52465
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A79381
*NPI:* 1093744542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TH,F 8AM-5PM, TU,W,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WANG, ANCHI**
*Provider ID:* 52465
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A79381
*NPI:* 1093744542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OTOLARYNGOLOGY

**CALZADA, AUDREY P**
*Provider ID:* 289990
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2390 FARADAY AVE
CARLSBAD, CA 92008-7216
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Female
*License number*: A107965
*NPI:* 1619113230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DONALDSON, CHADWICK J , MD**
*Provider ID:* 268146
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2390 FARADAY AVE
CARLSBAD, CA 92008-7216
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Male
*License number*: A84567
*NPI:* 1891743910
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Temecula Valley Hospital Inc, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RIEDLER, KIERSTEN L , MD**
*Provider ID:* 256202
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2390 FARADAY AVE
CARLSBAD, CA 92008-7216
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Female
*License number*: A135480
*NPI:* 1437536216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sutter Roseville Medical Center, Mercy General Hospital, Sharp Memorial Hospital, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PHYSICAL MEDICINE / REHABILITATION

**JAFFER, JIHAD, MD**
*Provider ID:* 119557
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A98822
*NPI:* 1366659294
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Palomar Heatlh, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU 9AM-1PM, W-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MADHAV, SANDIP J , MD**
*Provider ID:* 256381
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000

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*Provider Gender:* Male
*License number*: A128918
*NPI:* 1780903492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Green Hospital, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 8AM-4PM, TU,TH,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PHYSICIANS ASSISTANT**

**HEINEN, JOHN P , NPA**
*Provider ID:* 241051
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: PA10565
*NPI:* 1427096643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W-SA 9AM-5PM, TU 1:30PM-3:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HERMANSON, KATHLEEN H , NPA**
*Provider ID:* 269004
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: PA51880
*NPI:* 1598160343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**INOCELDA, ANDREW G , NPA**
*Provider ID:* 269089
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: PA19207
*NPI:* 1497950208
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH,SA 9AM-5PM, F 8AM-4:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LEE, JISOO**
*Provider ID:* 289451
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: PA60693
*NPI:* 1891456885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PULMONARY DISEASES

**HSING, ANDREW Y**
*Provider ID:* 125301
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A127271
*NPI:* 1790769131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**BIGONI, BRIAN J**
*Provider ID:* 26550
*Board Certified Specialty:* No
CARLSBAD IMAGING CTR
6010 HIDDEN VALLEY RD STE 125
CARLSBAD, CA 92011-4219
*Phone:* (760) 730-3536
*Fax:* (760) 720-4833
*After Hours Phone:* (760) 730-3536
*Provider Gender:* Male
*License number*: A55249
*NPI:* 1083713002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Providence Mission Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
https://carlsbadimaging.com/
*Email:*
*Medical Group(s):*
*IPA:*

**MAGHSOUDY, AFSANEH**
*Provider ID:* 27175
*Board Certified Specialty:* No
CARLSBAD IMAGING CTR
6010 HIDDEN VALLEY RD STE 125
CARLSBAD, CA 92011-4219
*Phone:* (760) 730-3536
*Fax:* (760) 720-4833
*After Hours Phone:* (760) 730-3536
*Provider Gender:* Female
*License number*: A60622
*NPI:* 1386742401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
https://carlsbadimaging.com/
*Email:*
*Medical Group(s):*
*IPA:*

## REGISTERED PHYSICAL THERAPIST

**ALABY, AMY L**
*Provider ID:* 269217
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 591-7750
*Fax:*
*After Hours Phone:* (760) 591-7750
*Provider Gender:* Female
*License number*: PT42087
*NPI:* 1003202862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**AMBROSE, CHRISTOPHER S**
*Provider ID:* 248010
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 434-6100
*Fax:* (760) 471-5139
*After Hours Phone:* (760) 591-7750
*Provider Gender:* Male
*License number*: PT26311
*NPI:* 1114977535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 8/125
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BAKER, LISA J**
*Provider ID:* 269094
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 591-7750
*Fax:*
*After Hours Phone:* (760) 591-7750
*Provider Gender:* Female
*License number*: PT22824
*NPI:* 1346200045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BOUTELLE, BARBARA J**
*Provider ID:* 246318
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 434-6100
*Fax:* (760) 434-4583
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Female
*License number*: PT12716
*NPI:* 1437107711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BOUTELLE, DAVID C**
*Provider ID:* 248307
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 434-6100
*Fax:* (760) 471-5139
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Male
*License number*: PT12422
*NPI:* 1063461101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCGEE, JACQUELINE M**
*Provider ID:* 252472
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310

*Phone:* (760) 434-6100
*Fax:* (760) 434-4583
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Female
*License number*: PT294790
*NPI:* 1194217133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 8/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OLIVEROS, YUNNUEN**
*Provider ID:* 277464
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3070 MADISON ST
CARLSBAD, CA 92008-2310
*Phone:* (760) 434-6100
*Fax:* (760) 434-4583
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Female
*License number*: PT294386
*NPI:* 1295234987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,F 7AM-7PM, TU-TH 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY NEUROLOGICAL

**BEN-HAIM, SHARONA**
*Provider ID:* 110723
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Female
*License number*: A124866
*NPI:* 1942469663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEN-HAIM, SHARONA**
*Provider ID:* 244069
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A124866
*NPI:* 1942469663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BLASKIEWICZ, DONALD J**
*Provider ID:* 270283
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A109748
*NPI:* 1215176839

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OLSON, SCOTT E**
*Provider ID:* 244056
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHAM, MARTIN H**
*Provider ID:* 127139
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: A121590
*NPI:* 1609130921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHAM, MARTIN H**
*Provider ID:* 203510
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: A121590
*NPI:* 1609130921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TUNG, HOWARD**
*Provider ID:* 244085
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
6010 HIDDEN VALLEY RD STE 200
CARLSBAD, CA 92011-4219
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G58235
*NPI:* 1538153341
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady

Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CHULA VISTA

### ANESTHESIOLOGY PAIN MANAGEMENT

**FISHER, CASEY J**
*Provider ID:* 204415
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
374 H ST STE 103
CHULA VISTA, CA 91910-5547
*Phone:* (619) 625-1144
*Fax:*
*After Hours Phone:* (619) 625-1144
*Provider Gender:* Male
*License number*: A118592
*NPI:* 1275780686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Pomerado Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAVARRO, ROSA M**
*Provider ID:* 262220
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2452 FENTON ST # C101
CHULA VISTA, CA 91914-3599
*Phone:* (619) 600-5309
*Fax:* (619) 655-4700
*After Hours Phone:* (619) 600-5309
*Provider Gender:* Female
*License number*: C53858
*NPI:* 1083691802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAVARRO, ROSA M**
*Provider ID:* 262221
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2452 FENTON ST # C203
CHULA VISTA, CA 91914-3599
*Phone:* (619) 600-5309
*Fax:* (619) 655-4700
*After Hours Phone:* (619) 600-5309
*Provider Gender:* Female
*License number*: C53858
*NPI:* 1083691802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAVARRO, ROSA M , MD**
*Provider ID:* 268792
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2452 FENTON ST # C101
CHULA VISTA, CA 91914-3599

*Phone:* (619) 600-5309
*Fax:* (619) 655-4700
*After Hours Phone:* (619) 600-5309
*Provider Gender:* Female
*License number*: C53858
*NPI:* 1083691802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAVARRO, ROSA M , MD**
*Provider ID:* 268793
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2452 FENTON ST # C203
CHULA VISTA, CA 91914-3599
*Phone:* (619) 600-5309
*Fax:* (619) 655-4700
*After Hours Phone:* (619) 600-5309
*Provider Gender:* Female
*License number*: C53858
*NPI:* 1083691802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**VERDOLIN, MICHAEL H , MD**
*Provider ID:* 257923
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2452 FENTON ST STE 205
CHULA VISTA, CA 91914-4551
*Phone:* (619) 625-1144
*Fax:* (619) 271-4060
*After Hours Phone:* (619) 625-1144
*Provider Gender:* Male
*License number*: A92149
*NPI:* 1477525657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## CARDIOLOGY

**AIZIN, VITALI**
*Provider ID:* 103813
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
321 E ST STE A
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:* (619) 934-3268
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Male
*License number*: A82761
*NPI:* 1366545733
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BERMAN, BRETT J , MD**
*Provider ID:* 268466
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
321 E ST STE A
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:* (619) 934-3268
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Female
*License number*: A78854
*NPI:* 1457446684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BERMAN, BRETT J**
*Provider ID:* 35528
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
321 E ST STE A
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:* (619) 934-3268
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Female
*License number*: A78854
*NPI:* 1457446684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CEPIN, DANIEL, MD**
*Provider ID:* 268781
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914-4521
*Phone:* (619) 482-0300
*Fax:* (858) 682-2202
*After Hours Phone:* (619) 482-0300
*Provider Gender:* Male
*License number*: G52521
*NPI:* 1053320556
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KAFRI, HASSAN, MD**
*Provider ID:* 265196
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
429 BROADWAY
CHULA VISTA, CA 91910-4320
*Phone:* (619) 434-0204
*Fax:* (619) 337-0191
*After Hours Phone:* (619) 434-0204
*Provider Gender:* Male
*License number*: A96002
*NPI:* 1730258401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MOHAMEDALI, BURHAN, MD**
*Provider ID:* 245576
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: A125669
*NPI:* 1831393289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MONDRAGON, GUSTAVO A**
*Provider ID:* 34939
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 500
CHULA VISTA, CA 91910-4414
*Phone:* (619) 656-5252
*Fax:* (619) 656-5250
*After Hours Phone:* (619) 656-5252
*Provider Gender:* Male
*License number*: A40640
*NPI:* 1619080041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M,W-F 9AM-6PM, TU 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MOUSSAVIAN, MEHRAN, MD**
*Provider ID:* 242263
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 290669
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**NAGHI, JESSE J , MD**
*Provider ID:* 247625
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 207
CHULA VISTA, CA 91911-6660
*Phone:* (619) 867-0557
*Fax:* (619) 867-0558
*After Hours Phone:* (619) 867-0557
*Provider Gender:* Male
*License number*: A110094
*NPI:* 1386896736
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Bulgarian, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NARAYANAN, MEENA R , MD**
*Provider ID:* 247694
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Female
*License number*: A113448
*NPI:* 1508170697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PARIKH, MILIND D**
*Provider ID:* 268745
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONCE, SONIA G**
*Provider ID:* 268702
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 4TH AVE STE 215
CHULA VISTA, CA 91910-4428
*Phone:* (619) 434-0204
*Fax:* (619) 337-0191
*After Hours Phone:* (619) 434-0204
*Provider Gender:* Female
*License number*: A145008
*NPI:* 1164659033

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**RUTLEDGE, MICHAEL R**
*Provider ID:* 268763
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6617
*Phone:* (619) 502-5851
*Fax:*
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: C166106
*NPI:* 1265624167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHEREV, DIMITRI A , MD**
*Provider ID:* 268950
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 207
CHULA VISTA, CA 91911-6660
*Phone:* (619) 867-0557
*Fax:* (619) 867-0558
*After Hours Phone:* (619) 867-0557
*Provider Gender:* Male
*License number*: A70917
*NPI:* 1154323996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bulgarian, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Alvarado Community Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHETABI, KAMBIZ**
*Provider ID:* 268772
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: A126187
*NPI:* 1972827806
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WYSOCZANSKI, MARIUSZ W**
*Provider ID:* 124990
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
750 MEDICAL CENTER CT STE 3
CHULA VISTA, CA 91911-6634
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: C55986

*NPI:* 1659535656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## CARDIOVASCULAR DISEASE

**AIZIN, VITALI**
*Provider ID:* 39325
*Board Certified Specialty:* No
VITALI AIZIN MD INC
321 E ST STE A
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:* (619) 934-3268
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Male
*License number*: A82761
*NPI:* 1366545733
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BERMAN, BRETT J**
*Provider ID:* 257542
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
321 E ST STE A
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:* (619) 934-3268
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Female
*License number*: A78854
*NPI:* 1457446684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SZKOPIEC, ROMAN L**
*Provider ID:* 35527
*Board Certified Specialty:* No
CHULA VISTA HEART CLINIC INC
480 4TH AVE STE 401
CHULA VISTA, CA 91910-4413
*Phone:* (619) 427-8646
*Fax:* (619) 425-7128
*After Hours Phone:* (619) 427-8646
*Provider Gender:* Male
*License number*: A37537
*NPI:* 1851332803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE PRACTITIONER

**AKINS, MELANIE R**
*Provider ID:* 125136
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC

752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (916) 421-3361
*Fax:*
*After Hours Phone:* (916) 421-3361
*Provider Gender:* Female
*License number*: NP95008069
*NPI:* 1508370875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**AKINS, MELANIE R**
*Provider ID:* 262342
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: NP95008069
*NPI:* 1508370875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**AKINS, MELANIE R , NPA**
*Provider ID:* 268746
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: NP95008069
*NPI:* 1508370875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BATAC, NADINE M**
*Provider ID:* 113818
*Board Certified Specialty:* No
SYNOVATION MEDICAL GROUP
340 4TH AVE STE 19
CHULA VISTA, CA 91910-3898
*Phone:* (619) 761-5308
*Fax:*
*After Hours Phone:* (619) 761-5308
*Provider Gender:* Female
*License number*: NP21763
*NPI:* 1942657937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 7:30AM-6:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CARAPIA, FABIOLA**
*Provider ID:* 54496
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144

*Provider Gender:* Female
*License number*: RN603937
*NPI:* 1184905994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CARAPIA, FABIOLA**
*Provider ID:* 54496
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: NP20855
*NPI:* 1184905994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**FISH, PAMELA B**
*Provider ID:* 260588
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911-1349
*Phone:* (619) 426-7910
*Fax:* (619) 426-2337
*After Hours Phone:* (619) 426-7910
*Provider Gender:* Female
*License number*: NP14601
*NPI:* 1063651867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GRUBENSKY, LINDSAY T**
*Provider ID:* 261029
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Provider Gender:* Female
*License number*: NP20953
*NPI:* 1619255577
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUADARRAMA, IGNACIO**
*Provider ID:* 262418
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1323 3RD AVE
CHULA VISTA, CA 91911-4302
*Phone:* (619) 409-6900
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 409-6900
*Provider Gender:* Male
*License number*: NP95003671
*NPI:* 1821331174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**HUYNH, KIMBERLY T**
*Provider ID:* 261046
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Provider Gender:* Female
*License number*: NP95005078
*NPI:* 1376094144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARNELL, TANIKA E**
*Provider ID:* 287647
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
769 MEDICAL CENTER CT STE 300
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-3090
*Fax:* (619) 482-7350
*After Hours Phone:* (619) 482-3090
*Provider Gender:* Female
*License number*: NP95013165
*NPI:* 1679121750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SOTO, ROBIN J**
*Provider ID:* 80435
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc
*IPA:*

## CHIROPRACTOR

**KAZEM, HARON H**
*Provider ID:* 287164
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DC33295
*NPI:* 1306221262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## DERMATOLOGY

**STEIN, ALEXANDER D , MD**
*Provider ID:* 268620
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
340 4TH AVE STE 14
CHULA VISTA, CA 91910-3813
*Phone:* (619) 303-3681
*Fax:* (760) 687-2825
*After Hours Phone:* (619) 303-3681
*Provider Gender:* Male
*License number*: A106295
*NPI:* 1760431654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Romanian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## ENDOCRINOLOGY METABOLISM DIABETES

**CARRILLO, MARITZA E**
*Provider ID:* 290970
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A163183
*NPI:* 1649628587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**PHILIS-TSIMIKAS, ATHENA**
*Provider ID:* 290797
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 271-0260
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A50477
*NPI:* 1922105964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ROGERS, MEGAN O**
*Provider ID:* 268585
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 202
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3362
*Fax:* (619) 271-7914
*After Hours Phone:* (619) 427-3362
*Provider Gender:* Female
*License number*: A122784
*NPI:* 1982993374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-8PM, SA

9AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VINCENT, LAUREN C**
*Provider ID:* 290144
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 271-0260
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A134303
*NPI:* 1053757997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## FAMILY PRACTICE

**CHERY, FARAH Y**
*Provider ID:* 78244
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A108681
*NPI:* 1114183688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**CHERY, FARAH Y**
*Provider ID:* 78248
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Provider Gender:* Female
*License number*: A108681
*NPI:* 1114183688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc
*IPA:*

**CORSENTINO-MATSUMOTO, LISA**
*Provider ID:* 268750
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 202
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3361
*Fax:* (619) 827-0539
*After Hours Phone:* (619) 427-3361
*Provider Gender:* Female
*License number*: 20A6906
*NPI:* 1255441606
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5:30PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, LINH T**
*Provider ID:* 129960
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Provider Gender:* Female
*License number*: A144995
*NPI:* 1619357993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc
*IPA:*

**NGUYEN, LINH T**
*Provider ID:* 129961
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A144995
*NPI:* 1619357993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**RABAGO, MAURELLEN B**
*Provider ID:* 268698
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 202
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3361
*Fax:* (619) 827-0551
*After Hours Phone:* (619) 427-3361
*Provider Gender:* Female
*License number*: A146307
*NPI:* 1720421076
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAJ, ASHA P**
*Provider ID:* 127616
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: 20A15683
*NPI:* 1003293507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc
*IPA:*

**RAJ, ASHA P**
*Provider ID:* 127617
*Board Certified Specialty:* No

CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Provider Gender:* Female
*License number*: 20A15683
*NPI:* 1003293507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**YELANICH, MELISSA R**
*Provider ID:* 268649
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 202
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3361
*Fax:* (619) 827-0551
*After Hours Phone:* (619) 427-3361
*Provider Gender:* Female
*License number*: A122649
*NPI:* 1881905362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## GASTROENTEROLOGY

**ALAYO, ERICK H**
*Provider ID:* 285204
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
400 E ST
CHULA VISTA, CA 91910-2413
*Phone:* (619) 382-3315
*Fax:*
*After Hours Phone:* (619) 382-3315
*Provider Gender:* Male
*License number*: A107506
*NPI:* 1841454758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**CUBAS, IVAN P**
*Provider ID:* 109374
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1040 TIERRA DEL REY STE 107
CHULA VISTA, CA 91910-7865
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: C55825
*NPI:* 1447464912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**DUQUE, JOHN J , MD**
*Provider ID:* 268572
*Board Certified Specialty:* Yes

COMMUNITY CARE IPA LLC
480 4TH AVE STE 316
CHULA VISTA, CA 91910-4403
*Phone:* (619) 691-0240
*Fax:* (619) 691-8804
*After Hours Phone:* (619) 691-0240
*Provider Gender:* Male
*License number*: G48442
*NPI:* 1295710747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DUQUE, JOHN J**
*Provider ID:* 32024
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 316
CHULA VISTA, CA 91910-4403
*Phone:* (619) 691-0240
*Fax:* (619) 691-8804
*After Hours Phone:* (619) 691-0240
*Provider Gender:* Male
*License number*: G48442
*NPI:* 1295710747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HASSANEIN, TAREK I , MD**
*Provider ID:* 269555
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
256 LANDIS AVE STE 202
CHULA VISTA, CA 91910-2650
*Phone:* (619) 332-1221
*Fax:* (619) 869-4027
*After Hours Phone:* (619) 332-1221
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HASSANEIN, TAREK I , MD**
*Provider ID:* 269558
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1323 3RD AVE
CHULA VISTA, CA 91911-4302
*Phone:* (619) 409-6900
*Fax:* (619) 409-6901
*After Hours Phone:* (619) 409-6900
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital,

Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**THOMAS, CARLTON W**
*Provider ID:* 262218
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1040 TIERRA DEL REY STE 107
CHULA VISTA, CA 91910-7865
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A88112
*NPI:* 1205881398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**WIENER, GREGORY J**
*Provider ID:* 257480
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
353 CHURCH AVE # A
CHULA VISTA, CA 91910-3906
*Phone:* (619) 585-8883
*Fax:* (619) 585-0166
*After Hours Phone:* (619) 585-8883
*Provider Gender:* Male
*License number*: A41749
*NPI:* 1811099534
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8:30AM-4:30PM, F 8:30AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**WIENER, GREGORY J**
*Provider ID:* 257481
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
353 CHURCH AVE # A
CHULA VISTA, CA 91910-3906
*Phone:* (619) 585-8883
*Fax:* (619) 585-0166
*After Hours Phone:* (619) 585-8883
*Provider Gender:* Male
*License number*: A41749
*NPI:* 1811099534
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,TH 9AM-5PM, TU 8:30AM-4PM, F 9AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

## GENETICS MEDICAL

**NIEMI, ANNA-KAISA**
*Provider ID:* 127722
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (619) 691-7249
*Fax:*
*After Hours Phone:* (619) 691-7249
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268688
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
310 3RD AVE STE C11
CHULA VISTA, CA 91910-3965
*Phone:* (619) 426-0841
*Fax:* (619) 426-9197
*After Hours Phone:* (619) 426-0841
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, KELLE L , MD**
*Provider ID:* 268651
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
310 3RD AVE STE C11
CHULA VISTA, CA 91910-3965
*Phone:* (619) 426-0841
*Fax:* (619) 426-9197
*After Hours Phone:* (619) 426-0841
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HEMATOLOGY / ONCOLOGY

**AL-KOURAINY, KOUSAY A**
*Provider ID:* 262225
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 409
CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-2080
*Fax:* (619) 425-8410
*After Hours Phone:* (619) 425-2080
*Provider Gender:* Male
*License number*: A39783
*NPI:* 1457361271
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**JOHNSON, KENNETH B**
*Provider ID:* 262288
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
769 MEDICAL CENTER CT STE 202
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-8430
*Fax:* (619) 482-8005
*After Hours Phone:* (619) 482-8430
*Provider Gender:* Male

*License number*: A79802
*NPI:* 1063527711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**NORTON, MARILYN S**
*Provider ID:* 65656
*Board Certified Specialty:* No
SOUTH COUNTY HEMATOLOGY ONCOLOGY INC
769 MEDICAL CENTER CT STE 202
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-8430
*Fax:*
*After Hours Phone:* (619) 482-8430
*Provider Gender:* Female
*License number*: G70444
*NPI:* 1417060054
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SOUTH COUNTY HEMATOLOGY ONCOLOGY INC,**
*Provider ID:* 200428
*Board Certified Specialty:*
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
769 MEDICAL CENTER CT STE 202
CHULA VISTA, CA 91911-6602
*Phone:* (619) 482-8430
*Fax:* (619) 482-8005
*After Hours Phone:* (619) 482-8430
*Provider Gender:*
*License number*:
*NPI:* 1326124819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE
## GERIATRIC MEDICINE

**GUTIERREZ, AIREEN L**
*Provider ID:* 268646
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 202
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3361
*Fax:*
*After Hours Phone:* (619) 427-3361
*Provider Gender:* Female
*License number*: A77031
*NPI:* 1306857701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

## INTERNAL MEDICINE

**AL-KOURAINY, KOUSAY A**
*Provider ID:* 27249
*Board Certified Specialty:* No
KOUSAY ABDULLAH AL KOURAINY
480 4TH AVE STE 409

CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-2080
*Fax:* (619) 425-8410
*After Hours Phone:* (619) 425-2080
*Provider Gender:* Male
*License number*: A39783
*NPI:* 1457361271
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**LIRA, JOSE A , MD**
*Provider ID:* 268769
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
841 KUHN DR STE 200
CHULA VISTA, CA 91914-4523
*Phone:* (619) 482-7301
*Fax:* (619) 482-7302
*After Hours Phone:* (619) 482-7301
*Provider Gender:* Male
*License number*: A33913
*NPI:* 1356319446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M,TU,F 9AM-5PM, W,TH 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LIRA, JOSE A**
*Provider ID:* 34349
*Board Certified Specialty:* No
SOUTH BAY PULMONARY MED GRP
841 KUHN DR STE 200
CHULA VISTA, CA 91914-4523
*Phone:* (619) 482-7301
*Fax:* (619) 482-7302
*After Hours Phone:* (619) 482-7301
*Provider Gender:* Male
*License number*: A33913
*NPI:* 1356319446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEYER, JILL M , MD**
*Provider ID:* 268563
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEYER, JILL M , MD**
*Provider ID:* 65487
*Board Certified Specialty:* No

BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WATKINS, ELAINE J**
*Provider ID:* 116902
*Board Certified Specialty:* No
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST
1295 BROADWAY STE 201
CHULA VISTA, CA 91911-2975
*Phone:* (888) 743-7526
*Fax:*
*After Hours Phone:* (888) 743-7526
*Provider Gender:* Female
*License number*: 20A6234
*NPI:* 1225019557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERVENTIONAL CARDIOLOGY

**CARLSON, STEVEN K , MD**
*Provider ID:* 244812
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
751 MEDICAL CENTER CT # 211
CHULA VISTA, CA 91911-6617
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: A109957
*NPI:* 1467602946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Garfield Medical Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 40191
*Board Certified Specialty:* No
CARDIOVASCULAR INSTITUTE OF SAN DIEGO
765 MEDICAL CENTER CT STE 211
CHULA VISTA, CA 91911-6600
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-6PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 205634
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272671
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 205839
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 277263
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And

Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 264687
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 205440
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**
*Provider ID:* 205391
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 242523
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486

*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 206232
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEONATAL / PERINATAL MEDICINE

**FLEMING, SARAH E**
*Provider ID:* 205646
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (619) 691-7000
*Fax:*
*After Hours Phone:* (619) 691-7000
*Provider Gender:* Female
*License number*: A89838
*NPI:* 1679809826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDOUM, RIAD**
*Provider ID:* 262123
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (619) 691-7000
*Fax:*
*After Hours Phone:* (619) 691-7000
*Provider Gender:* Male
*License number*: A36720
*NPI:* 1417050584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIEMI, ANNA-KAISA**
*Provider ID:* 262159
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

**BEDOYA, LUIS A**
*Provider ID:* 39369
*Board Certified Specialty:* Yes
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A51105
*NPI:* 1922119445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEDOYA, LUIS A**
*Provider ID:* 39369
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A51105
*NPI:* 1922119445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEDOYA, LUIS A , MD**
*Provider ID:* 39369
*Board Certified Specialty:* Yes
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A51105
*NPI:* 1922119445
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HOREISH, ADAM K , MD**
*Provider ID:* 99947
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: C56089
*NPI:* 1760461206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HOREISH, ADAM K**
*Provider ID:* 99947
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: C56089
*NPI:* 1760461206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HOREISH, ADAM K**
*Provider ID:* 99947
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: C56089
*NPI:* 1760461206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KHAING, KATHY**

*Provider ID:* 128616
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:*
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A127006
*NPI:* 1912219155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KHAING, KATHY, MD**
*Provider ID:* 205003
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A127006
*NPI:* 1912219155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LOZADA-PASTORIO, ELIZABETH**
*Provider ID:* 262289
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH, MD**
*Provider ID:* 268556
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH, MD**
*Provider ID:* 31395
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 14
CHULA VISTA, CA 91910-3813
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,F,SA 9AM-5PM, W,TH 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH**
*Provider ID:* 31395
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH**
*Provider ID:* 31395
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 14
CHULA VISTA, CA 91910-3813
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,F,SA 9AM-5PM, W,TH 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH**
*Provider ID:* 82253
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH**
*Provider ID:* 82253
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: A90108
*NPI:* 1730160425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MENDEZ, DIEGO**
*Provider ID:* 290635
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 271-0260
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MEYER, JILL M**
*Provider ID:* 262110
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEYER, JILL M**
*Provider ID:* 262111
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEYER, JILL M**
*Provider ID:* 55805
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:*
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEYER, JILL M**
*Provider ID:* 65487
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:*
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Female
*License number*: A95882
*NPI:* 1255394789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, AMAR V , MD**
*Provider ID:* 245639
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A158295
*NPI:* 1821359605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SOLTERO, RICARDO A**
*Provider ID:* 257492
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE

HEALTH PLAN DIRECT
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A**
*Provider ID:* 262113
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A , MD**
*Provider ID:* 26526
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 14
CHULA VISTA, CA 91910-3813
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A**
*Provider ID:* 26526
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 14
CHULA VISTA, CA 91910-3813
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A**
*Provider ID:* 26526
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A , MD**
*Provider ID:* 268490
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SOLTERO, RICARDO A , MD**
*Provider ID:* 268491
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:*
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Male
*License number*: A68995
*NPI:* 1841295482
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**VIDEEN, JOHN**
*Provider ID:* 262286
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Male
*License number*: G59271
*NPI:* 1043318199

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**VIDEEN, JOHN, MD**
*Provider ID:* 65646
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Male
*License number*: G59271
*NPI:* 1043318199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**VIDEEN, JOHN**
*Provider ID:* 65646
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
752 MEDICAL CENTER CT STE 302
CHULA VISTA, CA 91911-6661
*Phone:* (619) 421-3361
*Fax:* (619) 869-4378
*After Hours Phone:* (619) 421-3361
*Provider Gender:* Male
*License number*: G59271
*NPI:* 1043318199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**YUAN, HENRY, MD**
*Provider ID:* 268551
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: A120403
*NPI:* 1043442379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Paradise Valley Hospital, Providence St Joseph Hospital, Providence St Jude Medical Center, South Coast Global Medical Center Inc, Encompass Health Rehabilitation Hospital Of Tustin, Foothill Regional Medical Center, Kindred Hospital Brea, Kindred Hospital La Mirada, Kindred Hospital Santa Ana
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## NEUROLOGY

**MOHAMMAD, AHMAD SHAH, MD**
*Provider ID:* 127244
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
750 MEDICAL CENTER CT STE 6
CHULA VISTA, CA 91911-6634
*Phone:* (619) 337-7900
*Fax:* (619) 337-7902
*After Hours Phone:* (619) 337-7900
*Provider Gender:* Male
*License number*: A98831
*NPI:* 1902973472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, German, Pushto, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OBSTETRICS / GYNECOLOGY

**ADAMCZAK, JOANNA E**
*Provider ID:* 121816
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114817
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**ANGUIANO, FRANCISCO E**
*Provider ID:* 205791
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
765 MEDICAL CENTER CT STE 209
CHULA VISTA, CA 91911-6600
*Phone:* (619) 427-8892
*Fax:* (619) 422-7660
*After Hours Phone:* (619) 427-8892
*Provider Gender:* Male
*License number*: G61584
*NPI:* 1215921697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**ANGUIANO, FRANCISCO E , MD**
*Provider ID:* 268797
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 209
CHULA VISTA, CA 91911-6600
*Phone:* (619) 427-8892
*Fax:* (619) 422-7660
*After Hours Phone:* (619) 427-8892
*Provider Gender:* Male
*License number*: G61584
*NPI:* 1215921697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**ANGUIANO, FRANCISCO E**
*Provider ID:* 27382
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
765 MEDICAL CENTER CT STE 209
CHULA VISTA, CA 91911-6600
*Phone:* (619) 427-8892
*Fax:* (619) 422-7660
*After Hours Phone:* (619) 427-8892
*Provider Gender:* Male
*License number*: G61584
*NPI:* 1215921697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**ATIGA, SCHUBERT J , MD**
*Provider ID:* 268953
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 106
CHULA VISTA, CA 91911-6659
*Phone:* (619) 482-8406
*Fax:* (619) 482-6656
*After Hours Phone:* (619) 482-8406
*Provider Gender:* Male
*License number*: G53756
*NPI:* 1033138714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ATIGA, SCHUBERT J**
*Provider ID:* 27235
*Board Certified Specialty:* No
LIFETIME WOMENS HEALTH CARE MED ASSOCS INC
752 MEDICAL CENTER CT STE 106
CHULA VISTA, CA 91911-6659
*Phone:* (619) 482-8406
*Fax:*
*After Hours Phone:* (619) 482-8406

*Provider Gender:* Male
*License number*: G53756
*NPI:* 1033138714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-5PM, F 8AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUECHNER, CHARLENE A**
*Provider ID:* 127424
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**CARSON, LATISA S**
*Provider ID:* 27071
*Board Certified Specialty:* No
UNIQUE HEALTHCARE FOR WOMEN MEDICAL CORP
891 KUHN DR STE 111
CHULA VISTA, CA 91914-3551
*Phone:* (619) 475-9744
*Fax:*
*After Hours Phone:* (619) 475-9744
*Provider Gender:* Female
*License number*: A72235
*NPI:* 1245229129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**CARTER, KHALIL J**
*Provider ID:* 127374
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**CASELE, HOLLY L**
*Provider ID:* 121820
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CERVANTES, SANDRA M**
*Provider ID:* 114861
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**CHAC, RICK T**
*Provider ID:* 210483
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
660 OLD TELEGRAPH CANYON RD
CHULA VISTA, CA 91910-6587
*Phone:* (619) 482-2400
*Fax:* (619) 482-2411
*After Hours Phone:* (619) 482-2400
*Provider Gender:* Male
*License number*: A105379
*NPI:* 1538347760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cantonese, Chinese, Mandarin, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120505
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**JIBRIL, DEANAH A**
*Provider ID:* 290487

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: 20A17489
*NPI:* 1134183114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Riverside Community Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LIPSCHITZ, LISA S**
*Provider ID:* 115426
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115559
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115025
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr

*IPA:*

**REDDY, DIVYA K**
*Provider ID:* 290726
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 271-0260
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A130224
*NPI:* 1669766473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M,TU 8:30AM-8PM, W-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130086
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 205412
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
340 4TH AVE STE 5
CHULA VISTA, CA 91910-3813
*Phone:* (619) 422-2121
*Fax:* (619) 422-2427
*After Hours Phone:* (619) 422-2121
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-5PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 290712
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**SHORT, ABIADE C**
*Provider ID:* 290872
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A114893
*NPI:* 1750559589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**TITH, TEVY**
*Provider ID:* 73302
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 121985
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WINESBURG, JENNIFER J**
*Provider ID:* 114800
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 114831
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

## OPHTHALMOLOGY

**BRYANT, DUANE M , MD**
*Provider ID:* 244753
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 422-0450
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Male
*License number*: C155562
*NPI:* 1023117124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 13/130
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARRABY, ARNETT**
*Provider ID:* 103061
*Board Certified Specialty:* Yes
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G47836
*NPI:* 1366530792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARRABY, ARNETT, MD**
*Provider ID:* 103061
*Board Certified Specialty:* Yes
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755
*Fax:* (619) 425-9057
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G47836
*NPI:* 1366530792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CASTILLEJOS-RIOS, DAVID**
*Provider ID:* 26867
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 422-0450
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Male
*License number*: A44482
*NPI:* 1558446401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CASTILLEJOS-RIOS, DAVID, MD**
*Provider ID:* 268782
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 422-0450
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Male
*License number*: A44482
*NPI:* 1558446401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CASTILLEJOS, MARIA E**
*Provider ID:* 26458
*Board Certified Specialty:* Yes
CASTILLEJOS EYE INSTITUTE MEDICAL GROUP
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 422-0450
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Female
*License number*: A37652
*NPI:* 1043395098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd

**CASTILLEJOS, MARIA E**
*Provider ID:* 26458
*Board Certified Specialty:* No
CASTILLEJOS EYE INSTITUTE MEDICAL GROUP
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:*
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Female
*License number*: A37652
*NPI:* 1043395098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CASTILLEJOS, MARIA E , MD**
*Provider ID:* 268747
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 422-0450
*After Hours Phone:* (619) 422-1471
*Provider Gender:* Female
*License number*: A37652
*NPI:* 1043395098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHAVEZ, CESAR T , MD**
*Provider ID:* 268776
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G51615
*NPI:* 1720082563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELENGOCKY, TAYSON**
*Provider ID:* 78153
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: 20A12784
*NPI:* 1164637153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELENGOCKY, TAYSON**
*Provider ID:* 78153
*Board Certified Specialty:* Yes
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: 20A12784
*NPI:* 1164637153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C**
*Provider ID:* 101658
*Board Certified Specialty:* No
EYE INSTITUTE OF CALIFORNIA MED GRP
480 4TH AVE STE 201
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3355
*Fax:*
*After Hours Phone:* (619) 427-3355
*Provider Gender:* Male
*License number*: A121431
*NPI:* 1770801540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**
*Provider ID:* 257137
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-9057
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A121431
*NPI:* 1770801540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLDMAN, RONALD J , MD**
*Provider ID:* 26488
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
480 4TH AVE STE 201
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3355
*Fax:* (619) 427-0955
*After Hours Phone:* (619) 427-3355
*Provider Gender:* Male
*License number*: C27512
*NPI:* 1114928082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps

Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JARDON, JAVIER A**
*Provider ID:* 290534
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A131365
*NPI:* 1609171982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KHANDAN, SARA, MD**
*Provider ID:* 268580
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A155828
*NPI:* 1063850808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Valley Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, MAJID, MD**
*Provider ID:* 269193
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A60640
*NPI:* 1043261373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, MAJID**
*Provider ID:* 26922
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A60640
*NPI:* 1043261373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, NASRIN, MD**
*Provider ID:* 269199
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 27356
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 290376
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 290377
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical

Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MCDONNELL, EMMA C**
*Provider ID:* 283536
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A172521
*NPI:* 1023357670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOSS, JASON M , MD**
*Provider ID:* 106478
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A130529
*NPI:* 1386961423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 204144
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS, MD**
*Provider ID:* 269189
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 290719
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 80983
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2318
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PEAIRS, JAMES J**
*Provider ID:* 126597
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A155296
*NPI:* 1609135623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEAIRS, JAMES J , MD**
*Provider ID:* 268818
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A155296
*NPI:* 1609135623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PONS, MAURICIO E**
*Provider ID:* 23410
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONS, MAURICIO E , MD**
*Provider ID:* 269242
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONS, MAURICIO E**
*Provider ID:* 290391
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONS, MAURICIO E**
*Provider ID:* 290392

*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**RAJSBAUM, MARTIN**
*Provider ID:* 117787
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A42670
*NPI:* 1912999400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAJSBAUM, MARTIN, MD**
*Provider ID:* 268749
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A42670
*NPI:* 1912999400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SASSANI, PATRICK P , MD**
*Provider ID:* 269076
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A150205
*NPI:* 1033411061
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**SCHER, BARRY M , MD**
*Provider ID:* 268828
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 201
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3355
*Fax:* (619) 427-0955
*After Hours Phone:* (619) 427-3355
*Provider Gender:* Male
*License number*: G23827
*NPI:* 1235106899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHER, BARRY M , MD**
*Provider ID:* 268830
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G23827
*NPI:* 1235106899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SKAF, AYHAM R , MD**
*Provider ID:* 269074
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SKAF, AYHAM R**
*Provider ID:* 290229
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp

Of Southern California

**SKAF, AYHAM R**
*Provider ID:* 290230
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SKAF, AYHAM R**
*Provider ID:* 63195
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**STAINER, GREGORY A , MD**
*Provider ID:* 272892
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
835 3RD AVE STE A
CHULA VISTA, CA 91911-1352
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G41135
*NPI:* 1295729465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VADOOTHKER, SAUJANYA, MD**
*Provider ID:* 268635
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 201
CHULA VISTA, CA 91910-4412
*Phone:* (619) 427-3355
*Fax:* (619) 427-0955
*After Hours Phone:* (619) 427-3355
*Provider Gender:* Female
*License number*: A156489
*NPI:* 1295170678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OTOLARYNGOLOGY

**CALZADA, AUDREY P**
*Provider ID:* 289992
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
577 3RD AVE
CHULA VISTA, CA 91910-5619
*Phone:* (619) 426-5181
*Fax:* (619) 426-0714
*After Hours Phone:* (619) 426-5181
*Provider Gender:* Female
*License number*: A107965
*NPI:* 1619113230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JANSEN, CORNELIUS J , MD**
*Provider ID:* 255731
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
577 3RD AVE
CHULA VISTA, CA 91910-5619
*Phone:* (619) 426-5181
*Fax:* (619) 426-0714
*After Hours Phone:* (619) 426-5181
*Provider Gender:* Male
*License number*: G85048
*NPI:* 1285712380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PATSIAS, ALEXIS, MD**
*Provider ID:* 268806
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911-6600
*Phone:* (619) 482-0565
*Fax:* (619) 482-2775
*After Hours Phone:* (619) 482-0565
*Provider Gender:* Female
*License number*: A160436
*NPI:* 1326452855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHALCH LEPE, PAUL**
*Provider ID:* 105766
*Board Certified Specialty:* No
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
765 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911-6600
*Phone:* (619) 482-0565
*Fax:*
*After Hours Phone:* (619) 482-0565
*Provider Gender:* Male
*License number*: A92839
*NPI:* 1558550053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-4:45PM, SA 9AM-5PM
*Website:* www.ent-sd.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SCHALCH LEPE, PAUL**
*Provider ID:* 105766
*Board Certified Specialty:* No
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
765 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911-6600
*Phone:* (619) 482-0565
*Fax:* (619) 482-2775
*After Hours Phone:* (619) 482-0565
*Provider Gender:* Male
*License number*: A92839
*NPI:* 1558550053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WOO, LINDA N**
*Provider ID:* 125039
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
321 E ST
CHULA VISTA, CA 91910-2667
*Phone:* (619) 934-3260
*Fax:*
*After Hours Phone:* (619) 934-3260
*Provider Gender:* Female
*License number*: A121814
*NPI:* 1467720656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## PEDIATRIC EMERGENCY

## MEDICINE

**VAIDYA, KAMALA**
*Provider ID:* 289411
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
386 E H ST STE 202
CHULA VISTA, CA 91910-7486
*Phone:* (858) 966-1720
*Fax:* (858) 966-1725
*After Hours Phone:* (858) 966-1720
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**FLEMING, SARAH E**
*Provider ID:* 104816
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
435 H ST
CHULA VISTA, CA 91910-4307

*Phone:* (619) 691-7000
*Fax:*
*After Hours Phone:* (619) 691-7000
*Provider Gender:* Female
*License number*: A89838
*NPI:* 1679809826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TIZNADO, ERNESTO G , MD**
*Provider ID:* 269717
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1635 3RD AVE STE L
CHULA VISTA, CA 91911-5884
*Phone:* (619) 425-8901
*Fax:* (619) 425-8902
*After Hours Phone:* (619) 425-8901
*Provider Gender:* Male
*License number*: A45183
*NPI:* 1568495703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Arrowhead Regional Medical Center, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Childrens Hosp And Resrch Ctr At Oakland, Parkview Community Hospital Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9:30AM-5PM, F 9:30AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PHYSICAL MEDICINE / REHABILITATION

**BULLOCK, ANDREW C**
*Provider ID:* 257590
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
344 F ST STE 100
CHULA VISTA, CA 91910-2645
*Phone:* (619) 379-6579
*Fax:* (619) 501-3846
*After Hours Phone:* (619) 379-6579
*Provider Gender:* Male
*License number*: 20A6842
*NPI:* 1295743045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BULLOCK, ANDREW C**
*Provider ID:* 268443
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
344 F ST STE 100
CHULA VISTA, CA 91910-2645
*Phone:* (619) 379-6579
*Fax:* (619) 501-3846
*After Hours Phone:* (619) 379-6579
*Provider Gender:* Male
*License number*: 20A6842
*NPI:* 1295743045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## PHYSICIANS ASSISTANT

**ALICEA, RAUL C**
*Provider ID:* 268631
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 4TH AVE STE 215
CHULA VISTA, CA 91910-4428
*Phone:* (619) 434-0204
*Fax:* (619) 337-0191
*After Hours Phone:* (619) 434-0204
*Provider Gender:* Male
*License number*: PA54627
*NPI:* 1275057051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LA BERGE-INDA, PRISCILLA S , NPA**
*Provider ID:* 265072
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 4TH AVE STE 215
CHULA VISTA, CA 91910-4428
*Phone:* (619) 434-0204
*Fax:* (619) 337-0191
*After Hours Phone:* (619) 434-0204
*Provider Gender:* Female
*License number*: PA54404
*NPI:* 1679008379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/110
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MACASADIA, MARITES N**
*Provider ID:* 268788
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
752 MEDICAL CENTER CT STE 210
CHULA VISTA, CA 91911-6660
*Phone:* (619) 656-0206
*Fax:* (619) 527-3226
*After Hours Phone:* (619) 656-0206
*Provider Gender:* Female
*License number*: PA15254
*NPI:* 1093743015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REVELES, DIANA**
*Provider ID:* 127984
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2325
*Fax:*
*After Hours Phone:* (619) 515-2325
*Provider Gender:* Female
*License number*: PA19306
*NPI:* 1548455405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc
*IPA:*

**SOLAI, RADHA S , NPA**
*Provider ID:* 247295
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
890 EASTLAKE PKWY STE 205
CHULA VISTA, CA 91914-4521
*Phone:* (619) 482-0300
*Fax:* (619) 482-0959
*After Hours Phone:* (619) 482-0300
*Provider Gender:* Female
*License number*: PA54899
*NPI:* 1245759695

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*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VARGAS, CHRISTOPHER B , NPA**
*Provider ID:* 268744
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2452 FENTON ST # C203
CHULA VISTA, CA 91914-3599
*Phone:* (619) 600-5309
*Fax:* (619) 655-4700
*After Hours Phone:* (619) 600-5309
*Provider Gender:* Male
*License number*: PA55263
*NPI:* 1922505775
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PODIATRIST

**CANABA, YVETTE**
*Provider ID:* 268469
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
345 F ST STE 100
CHULA VISTA, CA 91910-2632
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Female
*License number*: DPM5496
*NPI:* 1821426388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W 9AM-5PM, TU 12PM-4PM, TH,SA 9AM-5PM, F 9AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHISHOLM, JOHN A**
*Provider ID:* 125043
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
345 F ST STE 100
CHULA VISTA, CA 91910-2632
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Male
*License number*: DPM3431
*NPI:* 1396740072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 9AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHISHOLM, JOHN A**
*Provider ID:* 268440
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
345 F ST STE 100
CHULA VISTA, CA 91910-2632
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Male
*License number*: DPM3431
*NPI:* 1396740072
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 9AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**COLLINS, MICHAEL L**
*Provider ID:* 108899
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0359
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: DPM5146
*NPI:* 1912294711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIDSON, JOHN A**
*Provider ID:* 129545
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
345 F ST STE 100
CHULA VISTA, CA 91910-2632
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Male
*License number*: DPM5418
*NPI:* 1689069874
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LONGOBARDI, JAMES J**
*Provider ID:* 257486
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
450 4TH AVE STE 401
CHULA VISTA, CA 91910-4430
*Phone:* (619) 425-5500
*Fax:* (619) 425-5589
*After Hours Phone:* (619) 425-5500
*Provider Gender:* Male
*License number*: DPM3675
*NPI:* 1780664250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M 8AM-5PM, TU,TH 10AM-5PM, W,F 8AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**MANCHEL, BRUCE A**
*Provider ID:* 290616
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736

*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**XU, DIXON H**
*Provider ID:* 277917
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
345 F ST STE 100
CHULA VISTA, CA 91910-2632
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Male
*License number*: DPM5596
*NPI:* 1598296600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PULMONARY DISEASES

**LIRA, JOSE A**
*Provider ID:* 262193
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
841 KUHN DR STE 200
CHULA VISTA, CA 91914-4523
*Phone:* (619) 482-7301
*Fax:* (619) 482-7302
*After Hours Phone:* (619) 482-7301
*Provider Gender:* Male
*License number*: A33913
*NPI:* 1356319446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M,TU,F 9AM-5PM, W,TH 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZANO, MARTHA E , MD**
*Provider ID:* 269322
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
841 KUHN DR STE 200
CHULA VISTA, CA 91914-4523
*Phone:* (619) 363-4000
*Fax:* (619) 202-9400
*After Hours Phone:* (616) 363-4000
*Provider Gender:* Female
*License number*: A48551
*NPI:* 1609845627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZANO, MARTHA E**
*Provider ID:* 82696
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
841 KUHN DR STE 200
CHULA VISTA, CA 91914-4523

*Phone:* (619) 363-4000
*Fax:* (619) 202-9400
*After Hours Phone:* (616) 363-4000
*Provider Gender:* Female
*License number*: A48551
*NPI:* 1609845627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## RADIATION ONCOLOGY

**COLEMAN, LORI A , MD**
*Provider ID:* 206393
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Female
*License number*: G78635
*NPI:* 1053348920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DEWITT, KELLY D , MD**
*Provider ID:* 220043
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Female
*License number*: A74873
*NPI:* 1184668741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**
*Provider ID:* 204860
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6617
*Phone:* (619) 502-5851
*Fax:*
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A99269
*NPI:* 1720314107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**
*Provider ID:* 268783
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A99269
*NPI:* 1720314107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MACEWAN, IAIN J**
*Provider ID:* 205875
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
959 LANE AVE STE B
CHULA VISTA, CA 91914-4528
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**PEJAVAR, SUNANDA M , MD**
*Provider ID:* 221074
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Female
*License number*: A103733
*NPI:* 1912232513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kannada, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UHL, BARRY M , MD**
*Provider ID:* 243527
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A71969
*NPI:* 1811936693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VOLPP, PAUL B , MD**
*Provider ID:* 221102
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT

CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A86307
*NPI:* 1225186232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WEINSTEIN, GEOFFREY D , MD**
*Provider ID:* 200538
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6602
*Phone:* (619) 502-5851
*Fax:* (619) 502-5865
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A54109
*NPI:* 1841233947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**ALLEN, DERRICK R**
*Provider ID:* 125999
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268362
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (619) 409-9119
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 409-9119
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, GREGORY S**
*Provider ID:* 125987
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095

CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125996
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126010
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BUCKLEY, DAVID W**
*Provider ID:* 243267
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (619) 409-9119
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 409-9119
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 126017
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 658-6500
*Fax:* (619) 409-4849
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COOPER, JAMES A**
*Provider ID:* 126044
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 126050
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FIROOZNIA, NILOFAR**
*Provider ID:* 126175
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FRANKE, MARK A**

*Provider ID:* 126056
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HARMAN, SCOTT A**
*Provider ID:* 126070
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**IHS RADIOLOGY MEDICAL GROUP INC,**
*Provider ID:* 200460
*Board Certified Specialty:*
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:*
*License number*:
*NPI:* 1497148456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**
*Provider ID:* 126082
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 126094
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557

*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LUBISICH, JOHN P**
*Provider ID:* 126100
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 126121
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
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*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OLOUGHLIN, BRIAN J**
*Provider ID:* 126127
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
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*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-7PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 126133
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
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*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 126139
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
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*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZBERG, ROSS E**
*Provider ID:* 126146
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SNYDER, WILLIAM C**
*Provider ID:* 126153
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 126159
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male

*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SUN, ALEX W**
*Provider ID:* 268634
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
435 H ST # 1
CHULA VISTA, CA 91910-4307
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A133334
*NPI:* 1538502331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G**
*Provider ID:* 126165
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOBIN, MICHAEL L**
*Provider ID:* 126218
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 126203
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male

*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126196
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (619) 409-9109
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY DIAGNOSTIC

**TIEFENBRUN, JONATHAN, MD**
*Provider ID:* 66135
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
340 4TH AVE STE 4
CHULA VISTA, CA 91910-3885
*Phone:* (619) 427-1144
*Fax:* (619) 427-1185
*After Hours Phone:* (619) 427-1144
*Provider Gender:* Male
*License number*: G85951
*NPI:* 1265437727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M,TH 10AM-2PM, TU,W,F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY

**DOEMENY, JOHN M**
*Provider ID:* 269755
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269639
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557

*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HAWLEY, DANIEL B**
*Provider ID:* 268857
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6617
*Phone:* (619) 502-5851
*Fax:*
*After Hours Phone:* (619) 502-5851
*Provider Gender:* Male
*License number*: A114748
*NPI:* 1841260353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUBISICH, JOHN P**
*Provider ID:* 244952
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6501
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6501
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269533
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269829
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
333 H ST STE 1095
CHULA VISTA, CA 91910-5557
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**CHANG, ROBERT S**
*Provider ID:* 268910
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
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*Phone:* (619) 585-7104
*Fax:* (619) 585-7106
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Male
*License number*: PT291836
*NPI:* 1033669650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 7AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAGOSTINO, JACQUELINE R**
*Provider ID:* 243632
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT295756
*NPI:* 1710457379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DONES, GINA**
*Provider ID:* 268856
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A-1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:* (619) 585-7106
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT39455
*NPI:* 1316299696
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 7AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DORSEY, KYLE T**
*Provider ID:* 286987
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Male
*License number*: PT297329
*NPI:* 1790334316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GEORGE, JENNIFER A**
*Provider ID:* 129014
*Board Certified Specialty:* No
CHULA VISTA FAMILY HLTH CTR
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: PT294245
*NPI:* 1215402177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chula Vista Family Hlth Ctr
*IPA:*

**HASTINGS, NATASHA L**
*Provider ID:* 268895
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:*
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT291371
*NPI:* 1326395914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HERMAN, RACHEL**
*Provider ID:* 286656
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:*
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT300507
*NPI:* 1477121762
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**INTROCASO, BRIANNA L**
*Provider ID:* 268948
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:* (619) 585-7106
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT293801
*NPI:* 1194235218
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KARANDE, PRACHI**
*Provider ID:* 287100
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT300083
*NPI:* 1699357525
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LANGWORTHY, MATTHEW**
*Provider ID:* 268866
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:*
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Male
*License number*: PT294466
*NPI:* 1750872768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MARSOLINI, KAYLEIGH A**
*Provider ID:* 268949
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A-1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:* (619) 585-7106
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT294481
*NPI:* 1053810267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MORIGEAU, SAMANTHA A**
*Provider ID:* 269051
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
CHULA VISTA, CA 91910-7886
*Phone:* (619) 585-7104
*Fax:*
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT42287
*NPI:* 1760859268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NOVENCIDO, ANDREW**
*Provider ID:* 286782
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Male
*License number*: PT295915
*NPI:* 1447723937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OLIVEROS, YUNNUEN**
*Provider ID:* 268905
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1020 TIERRA DEL REY # A1
CHULA VISTA, CA 91910-7886

*Phone:* (619) 585-7104
*Fax:*
*After Hours Phone:* (619) 585-7104
*Provider Gender:* Female
*License number*: PT294386
*NPI:* 1295234987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANTAMARIA, JENNIFER E**
*Provider ID:* 243544
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT296313
*NPI:* 1063978203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 7AM-7PM, F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHEFFIELD, TIFFANY**
*Provider ID:* 255402
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT296953
*NPI:* 1134774342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SPARKS, TODD M**
*Provider ID:* 129142
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1392 E PALOMAR ST STE 503
CHULA VISTA, CA 91913-1895
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Male
*License number*: PT30298
*NPI:* 1265481139
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,TH 7AM-7PM, TU,F 7AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RHEUMATOLOGY

**CHITKARA, PUJA**
*Provider ID:* 262358
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
765 MEDICAL CENTER CT STE 216
CHULA VISTA, CA 91911-6600
*Phone:* (619) 623-3000
*Fax:* (619) 623-3001
*After Hours Phone:* (619) 623-3000
*Provider Gender:* Female
*License number*: A97619
*NPI:* 1871718189
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Russian, Spanish, Tagalog
*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CHWA, JEFFREY K , MD**
*Provider ID:* 268780
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
765 MEDICAL CENTER CT STE 216
CHULA VISTA, CA 91911-6600
*Phone:* (619) 623-3000
*Fax:* (619) 623-3001
*After Hours Phone:* (619) 623-3000
*Provider Gender:* Male
*License number*: 20A14736
*NPI:* 1285989236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOTHA, AKTHER J**
*Provider ID:* 53697
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
374 H ST STE 103
CHULA VISTA, CA 91910-5547
*Phone:* (619) 205-0120
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 205-0120
*Provider Gender:* Female
*License number*: A45440
*NPI:* 1780609503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Hindi, Spanish, Telugu, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REDDY, DANA A**
*Provider ID:* 244971
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**REDDY, DANA A**
*Provider ID:* 262363
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
272 CHURCH AVE STE 1
CHULA VISTA, CA 91910-2718
*Phone:* (619) 427-1721
*Fax:* (619) 427-1235
*After Hours Phone:* (619) 427-1721
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

## SURGERY GENERAL VASCULAR

**SALLOUM, ALEXANDER C , MD**
*Provider ID:* 268764
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1111 BROADWAY STE 305
CHULA VISTA, CA 91911-2700
*Phone:* (619) 567-7007
*Fax:* (619) 567-7775
*After Hours Phone:* (619) 567-7007
*Provider Gender:* Male
*License number*: A89300
*NPI:* 1124176151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY GENERAL

**ARCOVEDO, RODOLFO**
*Provider ID:* 217834
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
786 3RD AVE STE B
CHULA VISTA, CA 91910-5826
*Phone:* (619) 425-0797
*Fax:* (619) 425-0596
*After Hours Phone:* (619) 425-0797
*Provider Gender:* Male
*License number*: C51718
*NPI:* 1225018880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BARRERA, HUGO H**
*Provider ID:* 27172
*Board Certified Specialty:* No
COAST SURGICAL GROUP
786 3RD AVE STE B
CHULA VISTA, CA 91910-5826
*Phone:* (619) 425-0797
*Fax:* (619) 425-0596
*After Hours Phone:* (619) 425-0797
*Provider Gender:* Male
*License number*: G79280
*NPI:* 1043299100
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**HSU, ANDREW S**

*Provider ID:* 53785
*Board Certified Specialty:* No
SOUTH BAY SURGICAL ASSOCS MED GRP
480 4TH AVE STE 404
CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-7470
*Fax:*
*After Hours Phone:* (619) 425-7470
*Provider Gender:* Male
*License number*: A108956
*NPI:* 1083817399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HSU, ANDREW S , MD**
*Provider ID:* 53785
*Board Certified Specialty:* No
SOUTH BAY SURGICAL ASSOCS MED GRP
480 4TH AVE STE 404
CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-7470
*Fax:* (619) 425-7472
*After Hours Phone:* (619) 425-7470
*Provider Gender:* Male
*License number*: A108956
*NPI:* 1083817399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HSU, BRADFORD T , MD**
*Provider ID:* 53792
*Board Certified Specialty:* No
SOUTH BAY SURGICAL ASSOCS MED GRP
480 4TH AVE STE 404
CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-7470
*Fax:* (619) 425-7472
*After Hours Phone:* (619) 425-7470
*Provider Gender:* Male
*License number*: A86179
*NPI:* 1912968389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,TH 8AM-5PM, TU,F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HSU, BRADFORD T**
*Provider ID:* 53792
*Board Certified Specialty:* No
SOUTH BAY SURGICAL ASSOCS MED GRP
480 4TH AVE STE 404
CHULA VISTA, CA 91910-4413
*Phone:* (619) 425-7470
*Fax:* (619) 425-7472
*After Hours Phone:* (619) 425-7470
*Provider Gender:* Male
*License number*: A86179
*NPI:* 1912968389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**SUMMERS, STEPHEN T**
*Provider ID:* 27708
*Board Certified Specialty:* No
COAST SURGICAL GROUP
786 3RD AVE STE B
CHULA VISTA, CA 91910-5826
*Phone:* (619) 425-0797
*Fax:* (619) 425-0596
*After Hours Phone:* (619) 425-0797
*Provider Gender:* Male
*License number*: G70943
*NPI:* 1174502223
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**YANG, YIFAN**
*Provider ID:* 262296
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
786 3RD AVE STE B
CHULA VISTA, CA 91910-5826
*Phone:* (619) 425-0797
*Fax:* (619) 827-0400
*After Hours Phone:* (619) 425-0797
*Provider Gender:* Male
*License number*: A109921
*NPI:* 1114188539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**YANG, YIFAN**
*Provider ID:* 83019
*Board Certified Specialty:* No
COAST SURGICAL GROUP
786 3RD AVE
CHULA VISTA, CA 91910-5826
*Phone:* (619) 425-0797
*Fax:* (619) 425-0596
*After Hours Phone:* (619) 425-0797
*Provider Gender:* Male
*License number*: A109921
*NPI:* 1114188539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## SURGERY ORTHOPEDIC

**BAGHERI, ALI**
*Provider ID:* 117911
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: A123272
*NPI:* 1760632947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P**
*Provider ID:* 262112
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (858) 455-6460
*Fax:* (619) 425-0539
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P , MD**
*Provider ID:* 268619
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (858) 455-6460
*Fax:* (619) 425-0539
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFIELD, ALAN L , MD**
*Provider ID:* 242937
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFIELD, ALAN L , MD**
*Provider ID:* 242939
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 509
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFIELD, ALAN L**
*Provider ID:* 262176
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A , MD**
*Provider ID:* 268616
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: A94408
*NPI:* 1831149970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 9AM-4PM, TU,W,F,SA 9AM-5PM, TH 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A**
*Provider ID:* 66253
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
480 4TH AVE STE 501
CHULA VISTA, CA 91910-4414
*Phone:* (619) 425-9510
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 425-9510
*Provider Gender:* Male
*License number*: A94408
*NPI:* 1831149970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 9AM-4PM, TU,W,F,SA 9AM-5PM, TH 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## SURGERY THORACIC

**HUANG, MARK W**
*Provider ID:* 27348
*Board Certified Specialty:* No

OPERATION SAMAHAN INC
765 MEDICAL CENTER CT STE 216
CHULA VISTA, CA 91911-6600
*Phone:* (619) 421-1111
*Fax:* (619) 421-1504
*After Hours Phone:* (619) 421-1111
*Provider Gender:* Male
*License number*: A74711
*NPI:* 1730185760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, MARK W**
*Provider ID:* 27348
*Board Certified Specialty:* No
CVTS MEDICAL GROUP INC
765 MEDICAL CENTER CT STE 216
CHULA VISTA, CA 91911-6600
*Phone:* (619) 421-1111
*Fax:* (619) 421-1504
*After Hours Phone:* (619) 421-1111
*Provider Gender:* Male
*License number*: A74711
*NPI:* 1730185760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGICAL ONCOLOGY

**QUIROZ, ELISA K**
*Provider ID:* 290622
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
678 3RD AVE
CHULA VISTA, CA 91910-5736
*Phone:* (619) 662-4100
*Fax:* (619) 425-1184
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A162816
*NPI:* 1932558301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## UROLOGY

**SEVILLA, CLAUDIA**
*Provider ID:* 283157
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
750 MEDICAL CENTER CT STE 14
CHULA VISTA, CA 91911-6634
*Phone:* (619) 397-4500
*Fax:* (858) 429-7931
*After Hours Phone:* (619) 397-4500
*Provider Gender:* Female
*License number*: A131270
*NPI:* 1689081275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Grossmont Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/105
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CORONADO

### ALLERGY IMMUNOLOGY

**COHEN, GARY A**
*Provider ID:* 206022
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
230 PROSPECT PL STE 340D
CORONADO, CA 92118-1993
*Phone:* (858) 458-0940
*Fax:* (858) 458-3688
*After Hours Phone:* (858) 458-0940
*Provider Gender:* Male
*License number*: G43070
*NPI:* 1346424462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-4PM, TU-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

### FAMILY PRACTICE

**SWEET, PATRICK H**
*Provider ID:* 270722
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
131 ORANGE AVE # 101
CORONADO, CA 92118-1408
*Phone:* (619) 964-9649
*Fax:* (619) 996-2014
*After Hours Phone:* (619) 964-9649
*Provider Gender:* Male
*License number*: A101827
*NPI:* 1457407702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Hoag Hospital Irvine, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Scripps Memorial Hospital, Desert Regional Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Pioneers Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

### GASTROENTEROLOGY

**LAJIN, MICHAEL, MD**
*Provider ID:* 269837
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
230 PROSPECT PL # 220
CORONADO, CA 92118-1978
*Phone:* (619) 460-4055
*Fax:*
*After Hours Phone:* (619) 460-4055
*Provider Gender:* Male
*License number*: C53475
*NPI:* 1467411702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Japanese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE L , MD**
*Provider ID:* 268655
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
801 ORANGE AVE
CORONADO, CA 92118-2663
*Phone:* (619) 437-8154
*Fax:* (310) 989-3092
*After Hours Phone:* (619) 437-8154
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## INTERNAL MEDICINE

**DAVIS, JASON T , MD**
*Provider ID:* 270966
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
230 PROSPECT PL STE 340B
CORONADO, CA 92118-1991
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEPHROLOGY

**DAVIS, JASON T**
*Provider ID:* 83879
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
230 PROSPECT PL STE 340B
CORONADO, CA 92118-1991
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## PEDIATRIC ALLERGY / IMMUNOLOGY

**COHEN, GARY A**
*Provider ID:* 242806
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
230 PROSPECT PL # 220
CORONADO, CA 92118-1978
*Phone:* (858) 458-0940
*Fax:* (858) 458-3688
*After Hours Phone:* (858) 458-0940
*Provider Gender:* Male
*License number*: G43070
*NPI:* 1346424462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-4PM, TU-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## UROLOGY

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**ROBERTS, JAMES L**
*Provider ID:* 257532
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
230 PROSPECT PL # 300
CORONADO, CA 92118-1978
*Phone:* (619) 299-0670
*Fax:* (858) 429-7929
*After Hours Phone:* (619) 299-0670
*Provider Gender:* Male
*License number*: G59945
*NPI:* 1508972191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## EL CAJON

### CERTIFIED NURSE PRACTITIONER

**PARK, SUN MIN**
*Provider ID:* 277908
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY, STE 100
EL CAJON, CA 92022
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: NP20538
*NPI:* 1376678250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ESCONDIDO

### PHYSICIANS ASSISTANT

**CLARK, YVONNE L**
*Provider ID:* 260065
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 CITRACADO PKWY # 206
ESCONDIDO, CA 92025
*Phone:* (760) 755-7600
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA20447
*NPI:* 1629302476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## EL CAJON

### CARDIOLOGY

**KAFRI, HASSAN, MD**
*Provider ID:* 209019
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
328 HIGHLAND AVE # 200
EL CAJON, CA 92020-5207
*Phone:* (619) 434-0204
*Fax:* (619) 337-0191
*After Hours Phone:* (619) 434-0204
*Provider Gender:* Male
*License number*: A96002
*NPI:* 1730258401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONCE, SONIA G**
*Provider ID:* 268703
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
328 HIGHLAND AVE # 200
EL CAJON, CA 92020-5207
*Phone:* (619) 930-9404
*Fax:* (619) 930-9426
*After Hours Phone:* (619) 930-9404
*Provider Gender:* Female
*License number*: A145008
*NPI:* 1164659033
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SHARF, ALBERT J , MD**
*Provider ID:* 269167
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1240 BROADWAY STE 210
EL CAJON, CA 92021-4947
*Phone:* (619) 470-7700
*Fax:* (619) 900-4589
*After Hours Phone:* (619) 470-7700
*Provider Gender:* Male
*License number*: G72122
*NPI:* 1649349820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CERTIFIED NURSE PRACTITIONER

**BALL, OLIVIA J**
*Provider ID:* 290923
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:* (360) 462-2746
*After Hours Phone:* (619) 440-2751
*Provider Gender:* Female
*License number*: NP95018151
*NPI:* 1588208094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**BRANNEN, MANDY M , NPA**
*Provider ID:* 241600
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 667-6125
*Fax:* (619) 590-9036
*After Hours Phone:* (619) 667-6125
*Provider Gender:* Female
*License number*: NP95007286
*NPI:* 1891205159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M,W,F 4PM-7PM, TU,TH,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHUDACEK, JANET M , MD**
*Provider ID:* 241626
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (760) 737-6960
*Fax:* (760) 741-2782
*After Hours Phone:* (760) 737-6960
*Provider Gender:* Female
*License number*: NP95008776
*NPI:* 1932606118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 4PM-7PM, TU,TH,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GRIMM, HANA R**
*Provider ID:* 261035
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
250 E CHASE AVE # 108
EL CAJON, CA 92020-6305
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Provider Gender:* Female
*License number*: NP22474
*NPI:* 1831463751
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KING, PAILAI I**
*Provider ID:* 104067
*Board Certified Specialty:* No
ZAVARO CARDIOVASCULAR INST A MED CORP
300 S PIERCE ST # 102
EL CAJON, CA 92020-4124
*Phone:* (619) 668-4700
*Fax:*
*After Hours Phone:* (619) 668-4700
*Provider Gender:* Female
*License number*: NP23405
*NPI:* 1497187090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, PATRICIA Y**
*Provider ID:* 283570
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Provider Gender:* Female
*License number*: NP23807
*NPI:* 1710309695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEONARD, BEVERLY S**
*Provider ID:* 115081
*Board Certified Specialty:* No

CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: NP10943
*NPI:* 1285772392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**MANGENE, CYNTHIA L**
*Provider ID:* 25690
*Board Certified Specialty:* No
VISTA COMMUNITY CLNC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: NP6782
*NPI:* 1548292626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**MANGENE, CYNTHIA L**
*Provider ID:* 25690
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: NP6782
*NPI:* 1548292626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**OCHOA, ERLINDA A**
*Provider ID:* 116673
*Board Certified Specialty:* No
LA MAESTRA CHC EL CAJON BROADWAY
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Provider Gender:* Female
*License number*: NP4430
*NPI:* 1346437464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Chc El Cajon Broadway
*IPA:*

**PARNELL, TANIKA E**
*Provider ID:* 287649
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
844 JACKMAN ST
EL CAJON, CA 92020-3053
*Phone:* (619) 442-2560
*Fax:* (619) 442-7836
*After Hours Phone:* (619) 442-2560
*Provider Gender:* Female
*License number*: NP95013165

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1679121750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PIRTLE, KEYSHONE D**
*Provider ID:* 284244
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5442 SYCUAN RD
EL CAJON, CA 92019-1816
*Phone:* (619) 445-0707
*Fax:* (619) 445-9764
*After Hours Phone:* (619) 445-0707
*Provider Gender:* Male
*License number*: NP95247697
*NPI:* 1417567827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SWAN, MELANIE A**
*Provider ID:* 89923
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: NP95000818
*NPI:* 1871934414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**VILLANUEVA DE GUTIE, BERENICE**
*Provider ID:* 115614
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Provider Gender:* Female
*License number*: NP95002188
*NPI:* 1952795536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

**WILLIAMS, BREAHNA A**
*Provider ID:* 115128
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
165 S 1ST ST
EL CAJON, CA 92019-4795
*Phone:* (619) 312-0347
*Fax:*
*After Hours Phone:* (619) 312-0347
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA

8:30AM-2PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

## CHIROPRACTOR

**ZECHA, RONALD S**
*Provider ID:* 290678
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:* (858) 633-4692
*After Hours Phone:* (619) 440-2751
*Provider Gender:* Male
*License number*: DC28605
*NPI:* 1427252121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## DERMATOLOGY

**BROGAN, JACQUELINE L , MD**
*Provider ID:* 265251
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4385
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A160890
*NPI:* 1801273479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CELANO, NICHOLAS J**
*Provider ID:* 102191
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: A120411
*NPI:* 1457662264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CELANO, NICHOLAS J**
*Provider ID:* 102191
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:*
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: A120411
*NPI:* 1457662264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd

**CELANO, NICHOLAS J , MD**
*Provider ID:* 269114
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: A120411
*NPI:* 1457662264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHIANG, JENNIFER Y**
*Provider ID:* 107659
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A120528
*NPI:* 1457656738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHIANG, JENNIFER Y**
*Provider ID:* 107659
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A120528
*NPI:* 1457656738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHIANG, JENNIFER Y , MD**
*Provider ID:* 269156
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A120528
*NPI:* 1457656738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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**CROWLEY, CHRISTOPHER S , MD**
*Provider ID:* 269669
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: A134188
*NPI:* 1962836783
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KASSAB, GHADA K , MD**
*Provider ID:* 129190
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
330 S MAGNOLIA AVE
EL CAJON, CA 92020-5290
*Phone:* (858) 273-2726
*Fax:* (858) 273-2725
*After Hours Phone:* (858) 273-2726
*Provider Gender:* Female
*License number*: A114457
*NPI:* 1023278504
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RESH, WILLIAM F , MD**
*Provider ID:* 269099
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: C34661
*NPI:* 1154309862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RESH, WILLIAM F**
*Provider ID:* 38883
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: C34661
*NPI:* 1154309862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RESH, WILLIAM F**
*Provider ID:* 38883
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: C34661
*NPI:* 1154309862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SATEESH, BROOKE R , MD**
*Provider ID:* 269154
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A109670
*NPI:* 1164565339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SATEESH, BROOKE R**
*Provider ID:* 83559
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A109670
*NPI:* 1164565339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SATEESH, BROOKE R**
*Provider ID:* 83559
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Female
*License number*: A109670
*NPI:* 1164565339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**UEBELHOER, NATHAN S**
*Provider ID:* 125012
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN

AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:*
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: 20A9328
*NPI:* 1659344513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**UEBELHOER, NATHAN S**
*Provider ID:* 125012
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
292 AVOCADO AVE
EL CAJON, CA 92020-4604
*Phone:* (619) 579-5115
*Fax:* (619) 749-7174
*After Hours Phone:* (619) 579-5115
*Provider Gender:* Male
*License number*: 20A9328
*NPI:* 1659344513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## FAMILY PRACTICE

**ABDALLAH, ALI H**
*Provider ID:* 120060
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: 20A15471
*NPI:* 1649699968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**AL ANI, NAJWAN N**
*Provider ID:* 122626
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A144974
*NPI:* 1275948473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**BROWN, BRANDON S**
*Provider ID:* 127590
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A148499
*NPI:* 1013399559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**CORMAN, DANIEL M**
*Provider ID:* 128275
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**GORDON, CHRISTOPHER J**
*Provider ID:* 110772
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A83390
*NPI:* 1477711521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**HASTANAN, CAROL L**
*Provider ID:* 98429
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: A110192
*NPI:* 1861648461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**LIN, SHUANG**
*Provider ID:* 122471
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: A138887
*NPI:* 1689093684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**NIAZI, HARRIS O**
*Provider ID:* 122797
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A146111
*NPI:* 1174905871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

## GASTROENTEROLOGY

**CUBAS, IVAN P**
*Provider ID:* 120211
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
2732 NAVAJO RD STE 201
EL CAJON, CA 92020-2149
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: C55825
*NPI:* 1447464912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CUBAS, IVAN P**
*Provider ID:* 120211
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
2732 NAVAJO RD STE 201
EL CAJON, CA 92020-2149
*Phone:* (619) 266-3332
*Fax:*
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: C55825
*NPI:* 1447464912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.3dcinc.com
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**HASSANEIN, TAREK I , MD**
*Provider ID:* 269556
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
463 N MAGNOLIA AVE
EL CAJON, CA 92020-3606
*Phone:* (619) 522-0399
*Fax:* (619) 749-3295
*After Hours Phone:* (619) 522-0399
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu

*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**IMPERIAL, JOANNE C , MD**
*Provider ID:* 268979
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
465 N MAGNOLIA AVE
EL CAJON, CA 92020-3606
*Phone:* (619) 359-8380
*Fax:* (619) 359-8360
*After Hours Phone:* (619) 359-8380
*Provider Gender:* Female
*License number*: G44420
*NPI:* 1225101884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHAEFFER, CYNTHIA L**
*Provider ID:* 120290
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2732 NAVAJO RD STE 201
EL CAJON, CA 92020-2149
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Female
*License number*: A91771
*NPI:* 1740352293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268692
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1767 E MAIN ST
EL CAJON, CA 92021-5219
*Phone:* (619) 440-6516
*Fax:* (619) 440-6547
*After Hours Phone:* (619) 440-6516
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**
*Provider ID:* 269780
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1767 E MAIN ST
EL CAJON, CA 92021-5219
*Phone:* (619) 440-6516
*Fax:* (619) 440-6547
*After Hours Phone:* (619) 440-6516
*Provider Gender:* Male
*License number*: HA2056
*NPI:* 1497901680

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, KELLE L , MD**
*Provider ID:* 268650
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1767 E MAIN ST
EL CAJON, CA 92021-5219
*Phone:* (619) 440-6516
*Fax:* (619) 440-6547
*After Hours Phone:* (619) 440-6516
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## INTERNAL MEDICINE

**AWDISHO, ALAN**
*Provider ID:* 291282
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: 20A18702
*NPI:* 1164795498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**DUONG, MAI T**
*Provider ID:* 114973
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A127798
*NPI:* 1629339304
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**GORGES, RANDA A**
*Provider ID:* 122495
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A138815
*NPI:* 1285079509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**SIHOTA, GURPREET**
*Provider ID:* 121259
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: 20A13700
*NPI:* 1659715852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

## INTERVENTIONAL CARDIOLOGY

**KAFRI, HASSAN**
*Provider ID:* 290539
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A96002
*NPI:* 1730258401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**KAFRI, HASSAN**
*Provider ID:* 290966
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A96002
*NPI:* 1730258401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## NEPHROLOGY

**MENDEZ, DIEGO**
*Provider ID:* 290636
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield

Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114824
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127433
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**BUKOWSKI, KYLE C**
*Provider ID:* 269037
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1685 E MAIN ST STE 301
EL CAJON, CA 92021-5292
*Phone:* (310) 825-9945
*Fax:*
*After Hours Phone:* (310) 825-9945
*Provider Gender:* Male
*License number*: A133994
*NPI:* 1912249004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARTER, KHALIL J**
*Provider ID:* 127377
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114871
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120511
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**KHAN, ALIYA I**
*Provider ID:* 109641
*Board Certified Specialty:* No
LA MAESTRA CHC EL CAJON BROADWAY
1032 BROADWAY
EL CAJON, CA 92021-7416
*Phone:* (619) 795-5991
*Fax:*
*After Hours Phone:* (619) 795-5991
*Provider Gender:* Female
*License number*: G50634
*NPI:* 1285687350
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Chc El Cajon Broadway
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 115429
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115562
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115040
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**MENDEZ, DIEGO**
*Provider ID:* 290955
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A47906
*NPI:* 1437181922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130083
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A154298

*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114806
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 114825
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

## OPHTHALMOLOGY

**ALBORZIAN, SHERVIN**
*Provider ID:* 114628
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Male
*License number*: A107093
*NPI:* 1588825129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5:30PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268752
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520

*Phone:* (619) 440-5400
*Fax:*
*After Hours Phone:* (619) 440-5400
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**JARDON, JAVIER A**
*Provider ID:* 290533
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A131365
*NPI:* 1609171982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 290379
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 290967
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269703
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520

*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262441
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 68144
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 107940
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 440-5400
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 290720
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219

*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 290892
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE**
*Provider ID:* 262318
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268740
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262403
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268799
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PONS, MAURICIO E**
*Provider ID:* 290393
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (619) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONS, MAURICIO E**
*Provider ID:* 290907
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp

Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PRABHU, SUJATA P**
*Provider ID:* 262390
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268917
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SKAF, AYHAM R**
*Provider ID:* 290231
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020-5219
*Phone:* (916) 662-4100
*Fax:* (619) 401-7411
*After Hours Phone:* (916) 662-4100
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SKAF, AYHAM R**
*Provider ID:* 290875
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male

*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## PEDIATRICS

**KODSI, ALICIA M**
*Provider ID:* 120082
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-EL CAJON
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2498
*Fax:*
*After Hours Phone:* (619) 515-2498
*Provider Gender:* Female
*License number*: A147976
*NPI:* 1932514353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon
*IPA:*

## PHYSICIANS ASSISTANT

**LA BERGE-INDA, PRISCILLA S , NPA**
*Provider ID:* 265073
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
328 HIGHLAND AVE # 200
EL CAJON, CA 92020-5207
*Phone:* (619) 930-9404
*Fax:* (619) 930-9426
*After Hours Phone:* (619) 930-9404
*Provider Gender:* Female
*License number*: PA54404
*NPI:* 1679008379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/110
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAPINA, LORI L**
*Provider ID:* 77854
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: PA23231
*NPI:* 1245670413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**PATEL, SHREYA M**
*Provider ID:* 48965
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Female
*License number*: PA18719
*NPI:* 1447468137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

**TURNER, ERIC M**
*Provider ID:* 121894
*Board Certified Specialty:* No
CHASE AVENUE FAMILY HEALTH CTRS INC
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:*
*After Hours Phone:* (619) 515-2499
*Provider Gender:* Male
*License number*: PA55067
*NPI:* 1669756128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc
*IPA:*

## PODIATRIST

**FARMER, STEVEN G**
*Provider ID:* 268976
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:* (858) 633-4692
*After Hours Phone:* (619) 440-2751
*Provider Gender:* Male
*License number*: DPM2895
*NPI:* 1215087770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REHM, KENNETH B**
*Provider ID:* 290653
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:* (360) 462-2746
*After Hours Phone:* (619) 440-2751
*Provider Gender:* Male
*License number*: DPM2808
*NPI:* 1588607766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Kindred Hospital San Diego, Sharp Chula Vista Med Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**VALLONE, MELCHIOR P**
*Provider ID:* 204673
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5442 SYCUAN RD
EL CAJON, CA 92019-1816
*Phone:* (619) 445-0707
*Fax:* (619) 445-9764
*After Hours Phone:* (619) 445-0707
*Provider Gender:* Male
*License number*: DPM2201
*NPI:* 1093998965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY

**MOSHFEGH, AMIEL P**
*Provider ID:* 291528
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
463 N MAGNOLIA AVE # B
EL CAJON, CA 92020-3606
*Phone:* (323) 347-1002
*Fax:* (323) 433-9177
*After Hours Phone:* (323) 347-1002
*Provider Gender:* Male
*License number*: A109904
*NPI:* 1144539644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Desert Regional Med Ctr, Fountain Valley Regional Hosp And Med Ctr, John F Kennedy Memorial Hosp, Pih Health Hospital - Whittier, East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Greater El Monte Community Hosp, Olympia Medical Center, Coast Plaza Hospital, Southern California Hospital At Culver City
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**DASCENZO, EMILY D**
*Provider ID:* 290959
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
875 EL CAJON BLVD
EL CAJON, CA 92020-5714
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: PT40025
*NPI:* 1952982761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MILLER, RICHARD J**
*Provider ID:* 269763
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1625 E MAIN ST STE 100
EL CAJON, CA 92021-5240
*Phone:* (619) 376-1082
*Fax:*
*After Hours Phone:* (619) 376-1082
*Provider Gender:* Male
*License number*: PT22474
*NPI:* 1255638979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANTIAGO, ALICIA L**
*Provider ID:* 269688
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1625 E MAIN ST STE 104
EL CAJON, CA 92021-5223
*Phone:* (619) 873-2160
*Fax:* (619) 873-2168
*After Hours Phone:* (619) 873-2160
*Provider Gender:* Female
*License number*: PT292418
*NPI:* 1497297964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

### SURGERY GENERAL

**AVULOV, VADIM**
*Provider ID:* 125016
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
671 S MOLLISON AVE
EL CAJON, CA 92020-6682
*Phone:* (619) 386-6637
*Fax:* (619) 825-3406
*After Hours Phone:* (619) 386-6637
*Provider Gender:* Male
*License number*: 20A13344
*NPI:* 1700121472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH,SA 9AM-5PM, F 9AM-9PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**AVULOV, VADIM**
*Provider ID:* 262163
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1580 N 2ND ST
EL CAJON, CA 92021-3447
*Phone:* (619) 396-6637
*Fax:* (619) 825-3406
*After Hours Phone:* (619) 396-6637
*Provider Gender:* Male
*License number*: 20A13344
*NPI:* 1700121472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## ENCINITAS

### ALLERGY IMMUNOLOGY

**LAUBACH, SUSAN S**
*Provider ID:* 53685
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-6377
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 944-6377
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WELCH, MICHAEL J**
*Provider ID:* 206202
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374

*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Male
*License number*: G34844
*NPI:* 1699794222
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ANESTHESIOLOGY PAIN MANAGEMENT

**FISHER, CASEY J**
*Provider ID:* 269185
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
326 ENCINITAS BLVD STE 100
ENCINITAS, CA 92024-8703
*Phone:* (619) 825-8511
*Fax:* (858) 726-6291
*After Hours Phone:* (619) 825-8511
*Provider Gender:* Male
*License number*: A118592
*NPI:* 1275780686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Pomerado Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOLOGY

**HOFFMAYER, KURT S**
*Provider ID:* 118218
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
477 N EL CAMINO REAL # B300
ENCINITAS, CA 92024-1328
*Phone:* (760) 634-8273
*Fax:*
*After Hours Phone:* (760) 634-8273
*Provider Gender:* Male
*License number*: A98256
*NPI:* 1841322195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NARAYAN, HARI K**
*Provider ID:* 239115
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A144821
*NPI:* 1376705707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## CARDIOVASCULAR DISEASE

**FELD, GREGORY K**
*Provider ID:* 64680
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
477 N EL CAMINO REAL # B300
ENCINITAS, CA 92024-1328

*Phone:* (760) 634-8273
*Fax:* (619) 543-7418
*After Hours Phone:* (760) 634-8273
*Provider Gender:* Male
*License number*: G37258
*NPI:* 1720003924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAUB, PAM R**
*Provider ID:* 64683
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
477 N EL CAMINO REAL # B300
ENCINITAS, CA 92024-1328
*Phone:* (760) 634-8273
*Fax:*
*After Hours Phone:* (760) 634-8273
*Provider Gender:* Female
*License number*: A89612
*NPI:* 1346355161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CERTIFIED NURSE PRACTITIONER

**BINAVI, HOWNAZ Z , NPA**
*Provider ID:* 265370
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: NP95010956
*NPI:* 1083276273
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kurdish, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARDINELL, ANNA C**
*Provider ID:* 291412
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD
ENCINITAS, CA 92024-2477
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002252
*NPI:* 1306978614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ELAMPARO, KAYE L , NPA**
*Provider ID:* 258927
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: NP20795
*NPI:* 1851673610
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Alvarado Hosp Med Ctr, Paradise Valley Hospital, Alvarado Hospital Llc, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FAIQ, JAMILA, NPA**
*Provider ID:* 254824
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: NP95004759
*NPI:* 1518414366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRANZ, CORTNEY D , NPA**
*Provider ID:* 253241
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: NP95004258
*NPI:* 1174077507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HEAD, KRISTIN N**
*Provider ID:* 126782
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: NP20264
*NPI:* 1699078923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEAD, KRISTIN N**
*Provider ID:* 268657
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: NP20264
*NPI:* 1699078923

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOOPER, BONNIE J , NPA**
*Provider ID:* 275253
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: NP6495
*NPI:* 1821062878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KORMANIK, PATRICIA A**
*Provider ID:* 282071
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP9707
*NPI:* 1093895047
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEVY, SHARON B**
*Provider ID:* 262167
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: NP95003383
*NPI:* 1316396807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MWAURA, WAIRIMU R , NPA**
*Provider ID:* 269680
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: NP95009639
*NPI:* 1598320996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PARK, SUN MIN**
*Provider ID:* 262381
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP20538
*NPI:* 1376678250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**POLIZZI, BRITTANY**
*Provider ID:* 289717
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: NP95018533
*NPI:* 1821692336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCOTT, MARYLOU**
*Provider ID:* 262842
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Female
*License number*: NP10261
*NPI:* 1023223252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SRILASAK, MICHELE**
*Provider ID:* 281856
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13694
*NPI:* 1265487326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**STEARNS, PHILIP H**
*Provider ID:* 265081
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Male
*License number*: NP11899
*NPI:* 1609900810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOMICICH, STEPHANIE S**
*Provider ID:* 286885
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 436-4558
*Fax:* (858) 429-7926
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Female
*License number*: NP95002402
*NPI:* 1316333792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/125
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WILLEY, MARTI L , NPA**
*Provider ID:* 256422
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:*
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: NP22548
*NPI:* 1144574062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CERTIFIED REGISTERED NURSE MIDWIFE

**KARVER CHRISTENSON, ELYSE S**
*Provider ID:* 257565
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 943-9994
*Fax:*
*After Hours Phone:* (760) 943-9994
*Provider Gender:* Female
*License number*: NMW276
*NPI:* 1720098155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

## DERMATOLOGY

**GLADSJO, JULIE A , MD**
*Provider ID:* 269052
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: A98641
*NPI:* 1629234380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEMPERLY, STEPHEN E**
*Provider ID:* 243725
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Male
*License number*: 20A14658
*NPI:* 1013277045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RILEY, JESSICA A**
*Provider ID:* 243457
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: 20A16345
*NPI:* 1548677438
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHAIRER, DAVID O**
*Provider ID:* 264680
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A148597
*NPI:* 1619311164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**
*Provider ID:* 127463
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**
*Provider ID:* 242315
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6795
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOMPKINS, STACY D , MD**
*Provider ID:* 246363
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Female
*License number*: A52958
*NPI:* 1255418265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## ENDOCRINOLOGY METABOLISM DIABETES

**GOTTESMAN BOWEN, BETHANY L**
*Provider ID:* 285959
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A156739
*NPI:* 1164849899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUPFELD, CHRISTOPHER J**
*Provider ID:* 277111
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A64102
*NPI:* 1568429165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## FAMILY PRACTICE SPORTS MEDICINE

**ACHAR, SURAJ A**
*Provider ID:* 255633
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: G80093
*NPI:* 1235167321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## GASTROENTEROLOGY

**DILAURO, STEVEN C**
*Provider ID:* 66036
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Male
*License number*: A104332
*NPI:* 1629117643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DILAURO, STEVEN C , MD**
*Provider ID:* 66036
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Male
*License number*: A104332
*NPI:* 1629117643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLDKLANG, ROBERT H , MD**
*Provider ID:* 66037
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Male
*License number*: G69237
*NPI:* 1275527657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAJOIE, ADRIANNE M , MD**
*Provider ID:* 65629
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Female
*License number*: A84301
*NPI:* 1225253651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAJOIE, ADRIANNE M , MD**
*Provider ID:* 65629
*Board Certified Specialty:* No
COASTAL GASTROENTEROLOGY A PROF CORP
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Female
*License number*: A84301
*NPI:* 1225253651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SINGH, MARVIN M**
*Provider ID:* 123127
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:*
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Male
*License number*: A102749
*NPI:* 1306968417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SINGH, MARVIN M , MD**
*Provider ID:* 123127
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478

*Phone:* (760) 783-0441
*Fax:* (760) 635-5972
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Male
*License number*: A102749
*NPI:* 1306968417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ N**
*Provider ID:* 282164
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A102482
*NPI:* 1144486929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HEMATOLOGY / ONCOLOGY

**BALL, EDWARD D**
*Provider ID:* 83201
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 944-0223
*Fax:*
*After Hours Phone:* (760) 944-0223
*Provider Gender:* Male
*License number*: G84752
*NPI:* 1093740110
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BESSUDO, ALBERTO**
*Provider ID:* 278508
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
326 SANTA FE DR STE 105
ENCINITAS, CA 92024-5157
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Male
*License number*: A50309
*NPI:* 1003888074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BESSUDO, ALBERTO**
*Provider ID:* 278509
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
326 SANTA FE DR STE 105
ENCINITAS, CA 92024-5157
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Male
*License number*: A50309
*NPI:* 1003888074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FLORES, EDNA I , MD**
*Provider ID:* 256367
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3440
*Fax:*
*After Hours Phone:* (760) 452-3440
*Provider Gender:* Female
*License number*: A114373
*NPI:* 1396994604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRAKES, LAURIE A**
*Provider ID:* 54038
*Board Certified Specialty:* No
CA CANCER ASSOC FOR RES & EXCEL-ENCINITA
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: A52663
*NPI:* 1174595144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SIDDIQUI, FAREEHA H**
*Provider ID:* 282174
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A108879
*NPI:* 1104848720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial

Hospital Encinitas, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUBRAMANIAN, RUPA**
*Provider ID:* 282180
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A67026
*NPI:* 1376547174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Corona Regional Med Ctr, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas, Fountain Valley Regional Hosp And Med Ctr, University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SULLIVAN, JESSICA E , MD**
*Provider ID:* 243484
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: 20A16273
*NPI:* 1942407150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HOSPICE AND PALLIATIVE MEDICINE

**PASHA, SABIHA**
*Provider ID:* 287252
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
326 SANTA FE DR STE 105
ENCINITAS, CA 92024-5157
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: C50413
*NPI:* 1871529461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Mercy Medical Center Redding, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RUBENZIK, TAMARA T**
*Provider ID:* 245575
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female

*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUBENZIK, TAMARA T**
*Provider ID:* 282127
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INTERNAL MEDICINE

**LAJOIE, ADRIANNE M**
*Provider ID:* 65629
*Board Certified Specialty:* No
COASTAL GASTROENTEROLOGY A PROF CORP
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:*
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Female
*License number*: A84301
*NPI:* 1225253651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAJOIE, ADRIANNE M**
*Provider ID:* 65629
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
700 GARDEN VIEW CT STE 102
ENCINITAS, CA 92024-2478
*Phone:* (760) 783-0441
*Fax:*
*After Hours Phone:* (760) 783-0441
*Provider Gender:* Female
*License number*: A84301
*NPI:* 1225253651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCCLAY, EDWARD F , MD**
*Provider ID:* 243933
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Male
*License number*: G64594
*NPI:* 1497727465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MULRONEY, CAROLYN M**
*Provider ID:* 84293
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 536-7700
*Fax:*
*After Hours Phone:* (760) 536-7700
*Provider Gender:* Female
*License number*: A48368
*NPI:* 1215124664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAISINGHANI, AJIT B**
*Provider ID:* 64681
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
477 N EL CAMINO REAL # B300
ENCINITAS, CA 92024-1328
*Phone:* (760) 634-8273
*Fax:*
*After Hours Phone:* (760) 634-8273
*Provider Gender:* Male
*License number*: G75914
*NPI:* 1831292796
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOROSIAN, KARO**
*Provider ID:* 272858
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: 20A12445
*NPI:* 1275822082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 258902
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City

Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 277180
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BALLAS, JERASIMOS**
*Provider ID:* 209562
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: A112607
*NPI:* 1871767384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASELE, HOLLY L**
*Provider ID:* 258871
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CATANZARITE, VALERIAN A**
*Provider ID:* 258849
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: G46026

*NPI:* 1174694939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HULL, ANDREW D**
*Provider ID:* 209483
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: A53578
*NPI:* 1902862121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KELLY, THOMAS F**
*Provider ID:* 210191
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: G60630
*NPI:* 1336203496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**LAURENT, LOUISE C**
*Provider ID:* 208641
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Female
*License number*: A80409
*NPI:* 1770532707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 277264

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOORE, THOMAS R**
*Provider ID:* 208645
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RICHARDSON, ALVIE C**
*Provider ID:* 277315
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 205436
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL
ENCINITAS, CA 92024-1328
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**TARSA, MARYAM**
*Provider ID:* 209393
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Female
*License number*: A69894
*NPI:* 1295768638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMAS, STEVEN J**
*Provider ID:* 209480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: A40379
*NPI:* 1639242589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TITH, TEVY**
*Provider ID:* 277328
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 277354
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 277386
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WOELKERS, DOUGLAS A**
*Provider ID:* 209384
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: G77134
*NPI:* 1013965748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WOLF, RICHARD B**
*Provider ID:* 209254
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Male
*License number*: 20A6028
*NPI:* 1497713846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## NEPHROLOGY

**BOISKIN, MARK M**
*Provider ID:* 113514
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (760) 509-1040
*Fax:*
*After Hours Phone:* (760) 509-1040
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOISKIN, MARK M**
*Provider ID:* 113514
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (760) 509-1040
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 509-1040
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOISKIN, MARK M , MD**
*Provider ID:* 273106
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (760) 509-1040
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 509-1040
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAKHERA, YOGITA**
*Provider ID:* 109347
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (858) 509-1040
*Fax:*
*After Hours Phone:* (858) 509-1040
*Provider Gender:* Female
*License number*: A125173
*NPI:* 1083972483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAKHERA, YOGITA**
*Provider ID:* 262129
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (760) 509-1040
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 509-1040
*Provider Gender:* Female
*License number*: A125173
*NPI:* 1083972483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEER, DYLAN L , MD**
*Provider ID:* 272853
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 212
ENCINITAS, CA 92024-5139
*Phone:* (858) 558-8150
*Fax:* (760) 967-6769
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A65604
*NPI:* 1437154978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY CHILD

**KIM MCMANUS, OLIVIA S**
*Provider ID:* 206258
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A120194
*NPI:* 1174870067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAHAGIAN, MICHELLE L**
*Provider ID:* 206073
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A80990
*NPI:* 1275604035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEUROLOGY

**BUI, JONATHAN D**
*Provider ID:* 269966
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-6377
*Provider Gender:* Male
*License number*: A96574
*NPI:* 1730247974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JINDAL, ANUJA V**
*Provider ID:* 206264
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A149444
*NPI:* 1194046581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAHAGIAN, MICHELLE L**
*Provider ID:* 52601
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A80990
*NPI:* 1275604035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TROXELL, REGINA M**
*Provider ID:* 265112
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**TROXELL, REGINA M**
*Provider ID:* 283168
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## OBSTETRICS / GYNECOLOGY

**BINDER, PRATIBHA S**
*Provider ID:* 282167
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149945
*NPI:* 1174758031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD
ENCINITAS, CA 92024-2477
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291336
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD
ENCINITAS, CA 92024-2477
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**
*Provider ID:* 208682
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
781 GARDEN VIEW CT STE 200
ENCINITAS, CA 92024-2481
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIES, MAUREEN C**
*Provider ID:* 125253
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A127234
*NPI:* 1750544516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAH, NEMI M**
*Provider ID:* 272578
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 100
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A168801
*NPI:* 1558715268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## ONCOLOGY MEDICAL

**FRAKES, LAURIE A , MD**
*Provider ID:* 269133
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE C204
ENCINITAS, CA 92024-1332
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Female
*License number*: A52663
*NPI:* 1174595144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**
*Provider ID:* 214189
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A124825
*NPI:* 1760776728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**
*Provider ID:* 260961
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: OPT14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BANSAL, PREETI**
*Provider ID:* 205617
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BANSAL, PREETI**
*Provider ID:* 52611
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (858) 966-7403
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female

*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATIA, SHAGUN K**
*Provider ID:* 267315
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEE, JASON**
*Provider ID:* 262162
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: OPT14881
*NPI:* 1679985584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269706
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:* (760) 943-7141
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOLL, ANGELA M**
*Provider ID:* 205507
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545

*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOLL, ANGELA M**
*Provider ID:* 52618
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOVAGHAR, MANSOOR**
*Provider ID:* 216413
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**OHALLORAN, HENRY S**
*Provider ID:* 205886
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OHALLORAN, HENRY S**
*Provider ID:* 52621

*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PANSARA, MEGHA L**
*Provider ID:* 286600
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHER, COLIN A**
*Provider ID:* 206326
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHER, COLIN A**
*Provider ID:* 52624
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center, Grossmont Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTTI, FRANK A , MD**
*Provider ID:* 255689
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:* (760) 943-7141
*Provider Gender:* Male
*License number*: G40698
*NPI:* 1801824313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OTOLARYNGOLOGY

**FRIESEN, TZYYNONG L**
*Provider ID:* 244900
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A152327
*NPI:* 1952740177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEUIN, SHELBY C**
*Provider ID:* 206112
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A112930
*NPI:* 1124230909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEUIN, SHELBY C**
*Provider ID:* 52722
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A112930
*NPI:* 1124230909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NATION, JAVAN J**
*Provider ID:* 83129
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A125279
*NPI:* 1043478902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ALLERGY / IMMUNOLOGY

**GREINER, ALEXANDER N**
*Provider ID:* 205696
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-6377
*Provider Gender:* Male
*License number*: A77327
*NPI:* 1609801299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOFFMAN, HAROLD M**
*Provider ID:* 206003
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A53101
*NPI:* 1326074261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAUBACH, SUSAN S**
*Provider ID:* 205801
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr

At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC CARDIOLOGY

**FAGAN, BRIAN T**
*Provider ID:* 205344
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A82153
*NPI:* 1740308550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HALEY, JESSICA E**
*Provider ID:* 205688
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A125568
*NPI:* 1023329885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEGDE, SANJEET R**
*Provider ID:* 206077
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A112326
*NPI:* 1306036884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SILVA SEPULVEDA, JOSE A**
*Provider ID:* 206299
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374

*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A120119
*NPI:* 1417222472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC DERMATOLOGY

**DOHIL, MAGDALENE A**
*Provider ID:* 205417
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A86265
*NPI:* 1528139383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ENDOCRINOLOGY

**DEMETERCO BERGGREN, CARLA**
*Provider ID:* 206160
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A98629
*NPI:* 1619130655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOTTSCHALK, MICHAEL E**
*Provider ID:* 205776
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: G55424
*NPI:* 1033280888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWFIELD, RON S**

*Provider ID:* 205371
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A73875
*NPI:* 1679644421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC GASTROENTEROLOGY

**NEWTON, KIMBERLY P**
*Provider ID:* 205360
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A101980
*NPI:* 1912071655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWTON, KIMBERLY P**
*Provider ID:* 52263
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A101980
*NPI:* 1912071655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ORTHOPEDICS

**WALLACE, CHARLES D**
*Provider ID:* 205660
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC PULMONOLOGY

**CERNELC KOHAN, MATEJKA**
*Provider ID:* 243043
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A116947
*NPI:* 1871752451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC RHEUMATOLOGY

**CHANG, JOHANNA C**
*Provider ID:* 246395
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A98479
*NPI:* 1821242199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**BAI-TONG, SHIYU S**
*Provider ID:* 283286
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
354 SANTA FE DR
ENCINITAS, CA 92024-5142
*Phone:* (760) 633-6120
*Fax:*
*After Hours Phone:* (760) 633-6120
*Provider Gender:* Female
*License number*: A155419
*NPI:* 1528454188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOTTSCHALK, MICHAEL E**
*Provider ID:* 52048
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: G55424
*NPI:* 1033280888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WELCH, MICHAEL J**
*Provider ID:* 54278
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: G34844
*NPI:* 1699794222
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**BELNAP, BRIAN D**
*Provider ID:* 92105
*Board Certified Specialty:* No
WEST COAST PAIN SPECIALISTS
4405 MANCHESTER AVE STE 101
ENCINITAS, CA 92024-4940
*Phone:* (760) 650-4040
*Fax:*
*After Hours Phone:* (760) 650-4040
*Provider Gender:* Male
*License number*: 20A10439
*NPI:* 1457360448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.wcpaindoc.com
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, HAEWON**
*Provider ID:* 256227
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
477 N EL CAMINO REAL STE C100
ENCINITAS, CA 92024-1332
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A161567
*NPI:* 1447661657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PHYSICIANS ASSISTANT

**ASARO, AMANDA M**
*Provider ID:* 260262
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA18493
*NPI:* 1306961313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CLARK, YVONNE L**
*Provider ID:* 260063
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA20447
*NPI:* 1629302476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, ALLISON J**
*Provider ID:* 260626
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOMINGUEZ, KATHLEEN H**
*Provider ID:* 270355
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE B105
ENCINITAS, CA 92024-1330
*Phone:* (760) 753-7143
*Fax:* (760) 753-2155
*After Hours Phone:* (760) 753-7143
*Provider Gender:* Female
*License number*: PA17714
*NPI:* 1689784530
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOUGHERTY, CLARA, NPA**
*Provider ID:* 269171
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 436-4558
*Fax:*
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Female
*License number*: PA17439
*NPI:* 1609987619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOUGHERTY, CLARA**
*Provider ID:* 56020
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 436-4558
*Fax:*
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Female
*License number*: PA17439
*NPI:* 1609987619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FLOCO, VIRGINIA A**
*Provider ID:* 260683
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA20788
*NPI:* 1982798112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HIGGINS, JOSHUA B**
*Provider ID:* 287134
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1505 ENCINITAS BLVD
ENCINITAS, CA 92024-2933
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA20471
*NPI:* 1861624181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAZAR, ANITA A**
*Provider ID:* 262301
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA55984
*NPI:* 1609208198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCAULEY, KRISTINA R**

*Provider ID:* 262243
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # 302
ENCINITAS, CA 92024-1328
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA52100
*NPI:* 1063819944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MUNCH, LINH D**
*Provider ID:* 260089
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Female
*License number*: PA14223
*NPI:* 1679792725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, CECILIA**
*Provider ID:* 289155
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA57419
*NPI:* 1629636816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PAIK, CHRISTINA N**
*Provider ID:* 262431
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL # D392
ENCINITAS, CA 92024-1328
*Phone:* (858) 966-6789
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA21680
*NPI:* 1174811475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANCHEZ, RAQUEL**
*Provider ID:* 262630
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 966-6377
*Fax:* (760) 944-3927
*After Hours Phone:* (858) 966-6377
*Provider Gender:* Female
*License number*: PA14357
*NPI:* 1356560650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUTTON, BRIAN C**
*Provider ID:* 272241
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 598-1776
*Fax:* (760) 598-5744
*After Hours Phone:* (760) 598-1776
*Provider Gender:* Male
*License number*: PA18573
*NPI:* 1629174727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VANETSKY, GARY E**
*Provider ID:* 108458
*Board Certified Specialty:* Yes
WEST DERMATOLOGY AND SURG MED GRP
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:*
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Male
*License number*: PA15456
*NPI:* 1417034489
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VANETSKY, GARY E , NPA**
*Provider ID:* 269152
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D308
ENCINITAS, CA 92024-1370
*Phone:* (760) 436-2300
*Fax:* (760) 436-5482
*After Hours Phone:* (760) 436-2300
*Provider Gender:* Male
*License number*: PA15456
*NPI:* 1417034489
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VILLAPANDO, NORMA O**
*Provider ID:* 264058
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: PA56098

*NPI:* 1376947960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PODIATRIST

**DUSTIN, ADAM F**
*Provider ID:* 275800
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
326 ENCINITAS BLVD STE 100
ENCINITAS, CA 92024-8703
*Phone:* (760) 436-5533
*Fax:* (760) 436-0611
*After Hours Phone:* (760) 436-5533
*Provider Gender:* Male
*License number*: DPM4254
*NPI:* 1043389026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## RADIATION ONCOLOGY

**MACEWAN, IAIN J**
*Provider ID:* 205876
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 210
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**RASH, DOMINIQUE L**
*Provider ID:* 108346
*Board Certified Specialty:* No
UCSD RADIATION ONCOLOGY
1200 GARDEN VIEW RD STE 210
ENCINITAS, CA 92024-2475
*Phone:* (858) 246-0500
*Fax:*
*After Hours Phone:* (858) 246-0500
*Provider Gender:* Female
*License number*: A116999
*NPI:* 1699908640
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Methodist Hosp Of Sacramento, Mercy Hospital Of Folsom, Mercy General Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROSE, BRENT S**
*Provider ID:* 113904
*Board Certified Specialty:* No
UCSD RADIATION ONCOLOGY
1200 GARDEN VIEW RD STE 210
ENCINITAS, CA 92024-2475
*Phone:* (858) 246-0500
*Fax:*
*After Hours Phone:* (858) 246-0500
*Provider Gender:* Male

*License number*: A142735
*NPI:* 1518250869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**URBANIC, JAMES J**
*Provider ID:* 87271
*Board Certified Specialty:* No
UCSD RADIATION ONCOLOGY
1200 GARDEN VIEW RD STE 210
ENCINITAS, CA 92024-2475
*Phone:* (858) 246-0500
*Fax:* (858) 246-0501
*After Hours Phone:* (858) 246-0500
*Provider Gender:* Male
*License number*: C131112
*NPI:* 1164607875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY DIAGNOSTIC X-RAY

**ALLEN, DERRICK R**
*Provider ID:* 125985
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268358
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, GREGORY S**
*Provider ID:* 125983
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125992
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126005
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BUCKLEY, DAVID W**
*Provider ID:* 243264
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 126011
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COOPER, JAMES A**
*Provider ID:* 126040
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 126047
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FIROOZNIA, NILOFAR**
*Provider ID:* 126169
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FRANKE, MARK A**
*Provider ID:* 126053
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male

*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HARMAN, SCOTT A**
*Provider ID:* 126066
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**
*Provider ID:* 126077
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 126091
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LUBISICH, JOHN P**
*Provider ID:* 126097
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy

Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 126118
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OLOUGHLIN, BRIAN J**
*Provider ID:* 126124
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-7PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 126130
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 126136
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional

Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZBERG, ROSS E**
*Provider ID:* 126143
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SNYDER, WILLIAM C**
*Provider ID:* 126150
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 126156
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TENA, ROWENA G**
*Provider ID:* 126162
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of

San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOBIN, MICHAEL L**
*Provider ID:* 126215
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 126200
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126193
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (858) 658-6500
*Fax:* (760) 632-5389
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY

**DOEMENY, JOHN M**
*Provider ID:* 269750
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: G50925

*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269635
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269524
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245629
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE A102
ENCINITAS, CA 92024-1329
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269824
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL # 102
ENCINITAS, CA 92024-1328
*Phone:* (760) 452-7150
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 452-7150
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-9PM, SA 7AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RHEUMATOLOGY

**REDDY, DANA A**
*Provider ID:* 262364
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
230 2ND ST STE 102
ENCINITAS, CA 92024-3275
*Phone:* (619) 427-1721
*Fax:* (619) 427-1235
*After Hours Phone:* (619) 427-1721
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

## SURGERY COLON SURGERY

**PARRY, LISA A**
*Provider ID:* 278552
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131297
*NPI:* 1235369067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY GENERAL

**ARMANI, AVA**
*Provider ID:* 282143
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A118231
*NPI:* 1861759383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COSMAN, BARD C**
*Provider ID:* 63746
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 944-0223
*Fax:*
*After Hours Phone:* (760) 944-0223
*Provider Gender:* Male
*License number*: G66321

*NPI:* 1477513810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JACOBSEN, GARTH R**
*Provider ID:* 201730
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD
ENCINITAS, CA 92024-2477
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WALLACE, ANNE M**
*Provider ID:* 64488
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 944-0223
*Fax:*
*After Hours Phone:* (760) 944-0223
*Provider Gender:* Female
*License number*: G73000
*NPI:* 1699732941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY NEUROLOGICAL

**YOO, FRANK K , MD**
*Provider ID:* 257374
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
477 N EL CAMINO REAL STE D200
ENCINITAS, CA 92024-1375
*Phone:* (760) 452-3340
*Fax:* (760) 452-3344
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Male
*License number*: G86513
*NPI:* 1295774545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## SURGERY ORTHOPEDIC

**CHANG, DOUGLAS G**
*Provider ID:* 104611
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200

ENCINITAS, CA 92024-2475
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A77281
*NPI:* 1962450031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COVEY, DANA C**
*Provider ID:* 83309
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 944-0223
*Fax:*
*After Hours Phone:* (760) 944-0223
*Provider Gender:* Male
*License number*: G89432
*NPI:* 1780651794
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VITALE, KENNETH C**
*Provider ID:* 104654
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 536-7670
*Fax:*
*After Hours Phone:* (760) 536-7670
*Provider Gender:* Male
*License number*: C132964
*NPI:* 1730176868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALLACE, CHARLES D**
*Provider ID:* 52696
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:*
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZLOMISLIC, VINKO**
*Provider ID:* 84071
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD STE 200
ENCINITAS, CA 92024-2475
*Phone:* (760) 944-0223
*Fax:* (858) 657-8235
*After Hours Phone:* (760) 944-0223
*Provider Gender:* Male
*License number*: A112819
*NPI:* 1346351509

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Serbo-Croatian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY PEDIATRIC

**FAIRBANKS, TIMOTHY J**
*Provider ID:* 205497
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A80244
*NPI:* 1407010556
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLING, KAREN M**
*Provider ID:* 206128
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Female
*License number*: A53583
*NPI:* 1982775144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## SURGERY PLASTIC

**REID, CHRISTOPHER M**
*Provider ID:* 238130
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1200 GARDEN VIEW RD
ENCINITAS, CA 92024-2477
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122947
*NPI:* 1982964276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## UROLOGY

**BUTLER, PHILIP A , MD**
*Provider ID:* 269433
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 305

ENCINITAS, CA 92024-5140
*Phone:* (760) 436-4558
*Fax:* (858) 429-7926
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G47129
*NPI:* 1184665911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUTLER, PHILIP A**
*Provider ID:* 55907
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 436-4558
*Fax:*
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G47129
*NPI:* 1184665911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHIANG, GEORGE**
*Provider ID:* 205942
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (760) 944-5545
*Fax:* (760) 944-3927
*After Hours Phone:* (760) 944-5545
*Provider Gender:* Male
*License number*: A98687
*NPI:* 1093773954
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COHEN, EDWARD S , MD**
*Provider ID:* 269340
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 305
ENCINITAS, CA 92024-5140
*Phone:* (760) 436-4558
*Fax:* (858) 429-7926
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COHEN, EDWARD S**
*Provider ID:* 56014
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
320 SANTA FE DR STE 108

ENCINITAS, CA 92024-5141
*Phone:* (760) 436-4558
*Fax:*
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JUMA, SAAD, MD**
*Provider ID:* 244006
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 753-8373
*Fax:* (858) 429-7932
*After Hours Phone:* (760) 753-8373
*Provider Gender:* Male
*License number*: A42398
*NPI:* 1013931930
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JUMA, SAAD**
*Provider ID:* 40234
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
320 SANTA FE DR STE 108
ENCINITAS, CA 92024-5141
*Phone:* (760) 753-8373
*Fax:*
*After Hours Phone:* (760) 753-8373
*Provider Gender:* Male
*License number*: A42398
*NPI:* 1013931930
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAITOH, JOHN, MD**
*Provider ID:* 269477
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
320 SANTA FE DR STE 305
ENCINITAS, CA 92024-5140
*Phone:* (760) 436-4558
*Fax:*
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G82079
*NPI:* 1629010509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAITOH, JOHN**
*Provider ID:* 55261
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
320 SANTA FE DR STE 305
ENCINITAS, CA 92024-5140
*Phone:* (760) 436-4558
*Fax:* (858) 429-7925
*After Hours Phone:* (760) 436-4558
*Provider Gender:* Male
*License number*: G82079

*NPI:* 1629010509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## ESCONDIDO

### ALLERGY IMMUNOLOGY

**LAUBACH, SUSAN S**
*Provider ID:* 277885
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WELCH, MICHAEL J**
*Provider ID:* 277878
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: G34844
*NPI:* 1699794222
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

### ANESTHESIOLOGY PAIN MANAGEMENT

**COHEN, ZACHARY C , MD**
*Provider ID:* 268178
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-5000
*Fax:*
*After Hours Phone:* (442) 281-5000
*Provider Gender:* Male
*License number*: A146733
*NPI:* 1598021982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

### ANESTHESIOLOGY

**KHATIBI, NIKAN H**
*Provider ID:* 239611
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
160 N DATE ST
ESCONDIDO, CA 92025-3406

*Phone:* (888) 873-6220
*Fax:* (888) 873-6220
*After Hours Phone:* (888) 873-6220
*Provider Gender:* Male
*License number*: 20A11914
*NPI:* 1326363300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Riverside Community Hosp, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOLOGY

**ACHEATEL, ROGER J , MD**
*Provider ID:* 269351
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8005
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: G45947
*NPI:* 1730182619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BAYAT, HAMED**
*Provider ID:* 257491
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A61356
*NPI:* 1356344196
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BAYAT, HAMED, MD**
*Provider ID:* 53687
*Board Certified Specialty:* No
ARCH HEALTH PARTNERS
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A61356
*NPI:* 1356344196
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**CHEN, ANDREW K , MD**
*Provider ID:* 269314
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A120866
*NPI:* 1134357007
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, CHRISTOPHER K**
*Provider ID:* 277811
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A100260
*NPI:* 1760691950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FAGAN, BRIAN T**
*Provider ID:* 277840
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A82153
*NPI:* 1740308550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GILBERT, CHRISTOPHER R , MD**
*Provider ID:* 63549
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A35403
*NPI:* 1487657243
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GORWIT, JEFFREY I , MD**
*Provider ID:* 63540
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: G25365
*NPI:* 1891798658
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HALEY, JESSICA E**
*Provider ID:* 277867
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A125568
*NPI:* 1023329885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEGDE, SANJEET R**
*Provider ID:* 277893
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A112326
*NPI:* 1306036884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEE, YOUNG E**
*Provider ID:* 269316
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A130275
*NPI:* 1285833764
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MALEK, MIKHAIL R , MD**
*Provider ID:* 269307

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A50952
*NPI:* 1467455212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NARAYAN, HARI K**
*Provider ID:* 277846
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A144821
*NPI:* 1376705707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAWHNEY, NAVINDER S , MD**
*Provider ID:* 112701
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (858) 673-5187
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A86378
*NPI:* 1619174133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SERRY, ROD D , MD**
*Provider ID:* 54469
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8837
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A76061
*NPI:* 1912945130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CERTIFIED NURSE PRACTITIONER

**BARMACK, KIMBERLY M , NPA**
*Provider ID:* 269270

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Female
*License number*: NP20705
*NPI:* 1881018067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARLSON, AMANDA W**
*Provider ID:* 291371
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP14220
*NPI:* 1023077674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, NATASHA A**
*Provider ID:* 283660
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-8801
*Fax:* (858) 966-8511
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP17677
*NPI:* 1073845327
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DINNALL, CHRISTINA M**
*Provider ID:* 289132
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP95005438
*NPI:* 1831632843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HAASS, ADRIANNA M**
*Provider ID:* 261044
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Provider Gender:* Female
*License number*: NP95005120
*NPI:* 1225588130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEAD, KRISTIN N**
*Provider ID:* 277866
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: NP20264
*NPI:* 1699078923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KOROGODSKI, ANNA**
*Provider ID:* 290941
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:* (760) 745-7847
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: NP95019424
*NPI:* 1326634890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KROCHMAL, RACHEL E**
*Provider ID:* 276935
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Female
*License number*: NP457272
*NPI:* 1326117920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KROCHMAL, RACHEL E**
*Provider ID:* 276936
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Female

*License number*: NP457272
*NPI:* 1326117920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANE, LINDA K**
*Provider ID:* 291227
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP95004541
*NPI:* 1912179813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAVIN, BARBARA C**
*Provider ID:* 291290
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP6489
*NPI:* 1477760635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEVY, SHARON B**
*Provider ID:* 277876
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: NP95003383
*NPI:* 1316396807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LIGGINS, MELISSA L**
*Provider ID:* 291307
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Male
*License number*: NP20432
*NPI:* 1598844003
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LILLY, ANNA M**
*Provider ID:* 289233
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP95009518
*NPI:* 1831596667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LIPMAN, RACHEL E**
*Provider ID:* 265114
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 200
ESCONDIDO, CA 92025-6428
*Phone:* (760) 746-2641
*Fax:* (760) 740-2178
*After Hours Phone:* (760) 746-2641
*Provider Gender:* Female
*License number*: NP95000707
*NPI:* 1871933879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MANCHESTER, KAREN L**
*Provider ID:* 276926
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Female
*License number*: NP20883
*NPI:* 1801225941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MANCHESTER, KAREN L**
*Provider ID:* 276927
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Female
*License number*: NP20883
*NPI:* 1801225941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM

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*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MEYERS, JUDITH S , NPA**
*Provider ID:* 274695
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-4789
*Fax:* (760) 743-8005
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Female
*License number*: NP95010314
*NPI:* 1538637194
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MIRANDA, BRIDGET A**
*Provider ID:* 277845
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: NP95006082
*NPI:* 1225548159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MITRUKA, ANNE F , NPA**
*Provider ID:* 269427
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:*
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Female
*License number*: NP13563
*NPI:* 1083795843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MURRAY, CARLA M , NPA**
*Provider ID:* 242749
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1509 E VALLEY PKWY
ESCONDIDO, CA 92027-2315
*Phone:* (760) 520-8100
*Fax:*
*After Hours Phone:* (760) 520-8100
*Provider Gender:* Female
*License number*: NP12682
*NPI:* 1346453503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 9AM-5PM, W-F 11AM-7:30PM, SA 12PM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PIDDING, APRYL D**
*Provider ID:* 269252
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
625 CITRACADO PKWY STE 110
ESCONDIDO, CA 92025-6428

*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: NP20027
*NPI:* 1518259936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUACH, LINDA L**
*Provider ID:* 286020
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP95013206
*NPI:* 1275053811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* The Mount Sinai Hosp, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHNEIDER-BIEHL, TERRI A**
*Provider ID:* 291293
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: NP6647
*NPI:* 1710022504
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTT, MARYLOU**
*Provider ID:* 277892
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: NP10261
*NPI:* 1023223252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPAULDING, ENJOLI B**
*Provider ID:* 129202
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:*
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Female
*License number*: NP21947
*NPI:* 1174828099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SPAULDING, ENJOLI B**
*Provider ID:* 262456
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Female
*License number*: NP21947
*NPI:* 1174828099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SPAULDING, ENJOLI B , NPA**
*Provider ID:* 269259
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Female
*License number*: NP21947
*NPI:* 1174828099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEARNS, PHILIP H**
*Provider ID:* 277882
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: NP11899
*NPI:* 1609900810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TEHRAN, SAGHI J**
*Provider ID:* 290958
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
704 E GRAND AVE
ESCONDIDO, CA 92025-4405
*Phone:* (619) 662-4100
*Fax:* (760) 745-7847
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: NP95018423
*NPI:* 1134792245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**TEHRAN, SAGHI J**
*Provider ID:* 291079
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
255 N ASH ST STE 101
ESCONDIDO, CA 92027-3069
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: NP95018423
*NPI:* 1134792245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**VALLES, ELIZABETH A**
*Provider ID:* 277847
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-8801
*Fax:* (858) 966-8511
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP95002921
*NPI:* 1609235589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## CERTIFIED REGISTERED NURSE MIDWIFE

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290647
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4693
*After Hours Phone:* (760) 466-9800
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CHIROPRACTOR

**ROBINSON, DEAN A**
*Provider ID:* 290603
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (360) 462-2745
*After Hours Phone:* (760) 520-8100
*Provider Gender:* Male
*License number*: DC12036
*NPI:* 1851320337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ZECHA, RONALD S**
*Provider ID:* 290679
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Provider Gender:* Male
*License number*: DC28605
*NPI:* 1427252121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## DERMATOLOGY

**DOHIL, MAGDALENE A**
*Provider ID:* 277243
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A86265
*NPI:* 1528139383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHAIRER, DAVID O**
*Provider ID:* 277850
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A148597
*NPI:* 1619311164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**
*Provider ID:* 277894
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## EMERGENCY MEDICINE

**KEARNEY, LAUREN K**
*Provider ID:* 277832
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: G83666
*NPI:* 1740296268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RILEY-HAGAN, MARGARET**
*Provider ID:* 277817
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A49609
*NPI:* 1548352388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSE, OLGA D**
*Provider ID:* 205955
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A143536
*NPI:* 1740560044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAIDYA, KAMALA**
*Provider ID:* 205812
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ENDOCRINOLOGY METABOLISM DIABETES

**AIKEN, MARGOT J**
*Provider ID:* 106005
*Board Certified Specialty:* No
ADVANCED METABOLIC CARE AND RESEARCH INC
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025-6428
*Phone:* (760) 743-1431
*Fax:*
*After Hours Phone:* (760) 743-1431
*Provider Gender:* Female
*License number*: A40833
*NPI:* 1952476236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* amcrclinic.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAILEY, TIMOTHY S**
*Provider ID:* 106006
*Board Certified Specialty:* No
ADVANCED METABOLIC CARE AND RESEARCH INC
625 CITRACADO PKWY STE 108
ESCONDIDO, CA 92025-6428
*Phone:* (760) 743-1431
*Fax:* (760) 294-2902
*After Hours Phone:* (760) 743-1431
*Provider Gender:* Male
*License number*: G60763
*NPI:* 1194800052
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* amcrclinic.com
*Email:*
*Medical Group(s):*
*IPA:*

**GOTTESMAN BOWEN, BETHANY L**
*Provider ID:* 285962
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A156739
*NPI:* 1164849899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## FAMILY PRACTICE SPORTS MEDICINE

**KAUFMAN, ELIZABETH A**
*Provider ID:* 285906
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: A135037
*NPI:* 1942644679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## GASTROENTEROLOGY

**CHELIMILLA, HARITHA R , MD**
*Provider ID:* 269204
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
735 E OHIO AVE STE 204
ESCONDIDO, CA 92025-3437
*Phone:* (760) 294-7600
*Fax:* (760) 294-7603
*After Hours Phone:* (760) 294-7600
*Provider Gender:* Female
*License number*: A124727
*NPI:* 1528235892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Global Medical Center, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOI, LILLIAN J**
*Provider ID:* 277813
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A90646
*NPI:* 1831350453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GARA, NAVEEN, MD**
*Provider ID:* 269145
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
661 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025-3003
*Phone:* (760) 690-2800
*Fax:* (760) 690-2801
*After Hours Phone:* (760) 690-2800
*Provider Gender:* Male
*License number*: A149265
*NPI:* 1942406533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GARCIA, MARY ABIGAIL S**
*Provider ID:* 277804
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A89980
*NPI:* 1386805877
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOM, XENIA B**
*Provider ID:* 277854
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: G86642
*NPI:* 1982775748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese (Family), Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWARZ, KATHLEEN B**
*Provider ID:* 283175
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: G152263
*NPI:* 1265465918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268690
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
330 W FELICITA AVE STE A4
ESCONDIDO, CA 92025-6531
*Phone:* (760) 489-1323
*Fax:* (760) 489-0975
*After Hours Phone:* (760) 489-1323
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**
*Provider ID:* 269783
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
330 W FELICITA AVE STE A4
ESCONDIDO, CA 92025-6531
*Phone:* (760) 489-1323
*Fax:* (760) 489-0975
*After Hours Phone:* (760) 489-1323
*Provider Gender:* Male
*License number*: HA2056
*NPI:* 1497901680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**INTERNAL MEDICINE**
**CRITICAL CARE MEDICINE**

**HIRSCH, GREGORY L , MD**
*Provider ID:* 269143
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 211
ESCONDIDO, CA 92025-3370
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G40467
*NPI:* 1639287071
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OTOSHI, JAMES S , MD**
*Provider ID:* 269095
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 201
ESCONDIDO, CA 92025-3398
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G27763
*NPI:* 1679681027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**INTERNAL MEDICINE**

**GREENSTEIN, JOSHUA K**
*Provider ID:* 53809
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A68100
*NPI:* 1104881457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KHAWAR, OSMAN S**
*Provider ID:* 53715
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A92165
*NPI:* 1598813644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRESTMAN, KENNETH G**
*Provider ID:* 287047
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 230
ESCONDIDO, CA 92029-4159
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G69663
*NPI:* 1346358793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 287120
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 287130
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 287072
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 287115
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 287094
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 287082
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TARSA, MARYAM**
*Provider ID:* 285855
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
2125 CITRACADO PKWY # 210
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-2921
*Fax:*
*After Hours Phone:* (760) 739-2921
*Provider Gender:* Female
*License number*: A69894
*NPI:* 1295768638
*Provider English Spoken:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TITH, TEVY**
*Provider ID:* 287054
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 287086
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 287112
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEONATAL / PERINATAL MEDICINE

**FATAYERJI, NABIL I**
*Provider ID:* 205750
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: A63224
*NPI:* 1649341405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 205893
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LE, CRYSTAL N**
*Provider ID:* 283707
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: A97634
*NPI:* 1003028416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOYER, LAUREL B**
*Provider ID:* 205400
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: C144070
*NPI:* 1598970378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAUER, CHARLES W**
*Provider ID:* 206163
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: 20A9535
*NPI:* 1538388988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Pomerado Hospital, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUTTNER, DENISE M**
*Provider ID:* 206137
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: A52313
*NPI:* 1457433799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SWEENEY, NATHALY M**
*Provider ID:* 283801
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: A110761
*NPI:* 1164572632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEPHROLOGY**

**GREENSTEIN, JOSHUA K**
*Provider ID:* 262222
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A68100
*NPI:* 1104881457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GREENSTEIN, JOSHUA K , MD**
*Provider ID:* 53809
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A68100
*NPI:* 1104881457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HEBREO, JOSEPH D , MD**
*Provider ID:* 108435
*Board Certified Specialty:* Yes
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A93436
*NPI:* 1801868286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HEBREO, JOSEPH D**
*Provider ID:* 108435
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A93436
*NPI:* 1801868286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HEBREO, JOSEPH D**
*Provider ID:* 262130
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A93436
*NPI:* 1801868286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KAYAL, ANAS N**
*Provider ID:* 262156
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A112450
*NPI:* 1851376917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Temecula Valley Hospital Inc, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**KHAWAR, OSMAN S**
*Provider ID:* 262354
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A92165
*NPI:* 1598813644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KHAWAR, OSMAN S , MD**
*Provider ID:* 53715
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A92165
*NPI:* 1598813644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu

*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NEYAZ, MOHAMMED D**
*Provider ID:* 108420
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: 20A13534
*NPI:* 1245459973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NEYAZ, MOHAMMED D**
*Provider ID:* 108420
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: 20A13534
*NPI:* 1245459973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NEYAZ, MOHAMMED D**
*Provider ID:* 262135
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: 20A13534
*NPI:* 1245459973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHAPIRO, MARK H**
*Provider ID:* 262182
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: G65280

*NPI:* 1912962275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHAPIRO, MARK H**
*Provider ID:* 54458
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: G65280
*NPI:* 1912962275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY CHILD

**HAAS, RICHARD H**
*Provider ID:* 205621
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A38555
*NPI:* 1700801867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NESPECA, MARK P**
*Provider ID:* 277823
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:*
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: G65509
*NPI:* 1942371703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAHAGIAN, MICHELLE L**
*Provider ID:* 206076
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A80990
*NPI:* 1275604035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SATTAR, SHIFTEH**
*Provider ID:* 206180
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A103904
*NPI:* 1750407300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEUROLOGY

**DELANEY, MICHAEL W , MD**
*Provider ID:* 269104
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: C146015
*NPI:* 1710157920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLD, JEFFREY J**
*Provider ID:* 277870
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A111541
*NPI:* 1568773984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JINDAL, ANUJA V**
*Provider ID:* 277838
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A149444
*NPI:* 1194046581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM MCMANUS, OLIVIA S**
*Provider ID:* 277873
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A120194
*NPI:* 1174870067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAWLER, ABIGAIL C , MD**
*Provider ID:* 125131
*Board Certified Specialty:* No
THE NEUROLOGY CTR
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A152080
*NPI:* 1568789741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NELSON, JAMES E**
*Provider ID:* 277849
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: C55868
*NPI:* 1568434546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OH, IRENE J , MD**
*Provider ID:* 76600
*Board Certified Specialty:* No
THE NEUROLOGY CTR

1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A106450
*NPI:* 1306089008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PADUGA, REMIA S**
*Provider ID:* 285940
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A113451
*NPI:* 1194933853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-4:30PM, TH 9AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PHAM, ALISE K**
*Provider ID:* 285920
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 361-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A18259
*NPI:* 1184011363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUESNELL, TARA A**
*Provider ID:* 109398
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A13609
*NPI:* 1619288172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.neurocenter.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUESNELL, TARA A**
*Provider ID:* 109398
*Board Certified Specialty:* No
NORTH COUNTY NEUROLOGY ASSOCS MED GRP
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A13609
*NPI:* 1619288172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSENBERG, JAY H**
*Provider ID:* 94232
*Board Certified Specialty:* No
THE NEUROLOGY CTR
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: G17059
*NPI:* 1609804848
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHAPIRO, MARK H**
*Provider ID:* 284030
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
631 E GRAND AVE
ESCONDIDO, CA 92025-4402
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: G65280
*NPI:* 1912962275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRAUNER, DORIS A**
*Provider ID:* 205503
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: G25519
*NPI:* 1124051420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZIMBRIC, MICHAEL R**
*Provider ID:* 277891
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A95660
*NPI:* 1487819546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OBSTETRICS / GYNECOLOGY

**BABKINA, NATALIA**
*Provider ID:* 277174
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Female
*License number*: A121142
*NPI:* 1396066635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BABKINA, NATALIA**
*Provider ID:* 277175
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Female
*License number*: A121142
*NPI:* 1396066635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CALINISAN, JOAN HAZEL B**
*Provider ID:* 290361
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (360) 462-2741
*After Hours Phone:* (760) 466-9800
*Provider Gender:* Female
*License number*: A67041
*NPI:* 1760493886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Loma Linda University Med Ctr Murrieta

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,W 7AM-7:30PM, TU,SA 9AM-5PM, TH,F 7AM-4:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**CHIARAPPA, ASHLEY M**
*Provider ID:* 269149
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 310
ESCONDIDO, CA 92025-3373
*Phone:* (760) 745-7060
*Fax:* (760) 294-7784
*After Hours Phone:* (760) 745-7060
*Provider Gender:* Female
*License number*: A164036
*NPI:* 1760983092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CIZEK, STEPHANIE M**
*Provider ID:* 269235
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
347 W MISSION AVE
ESCONDIDO, CA 92025-1729
*Phone:* (415) 833-9183
*Fax:*
*After Hours Phone:* (415) 833-9183
*Provider Gender:* Female
*License number*: A135224
*NPI:* 1346582921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CIZMAR, BRANISLAV**
*Provider ID:* 278908
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Male
*License number*: A80606
*NPI:* 1679554372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CIZMAR, BRANISLAV**
*Provider ID:* 278909
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Male
*License number*: A80606
*NPI:* 1679554372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F

9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 277040
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 277041
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 285628
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 285629
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 285629
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

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**HUSKEY, DANA E**
*Provider ID:* 276945
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 233-1896
*Fax:* (760) 233-1899
*After Hours Phone:* (760) 233-1896
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUSKEY, DANA E**
*Provider ID:* 276946
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:* (760) 658-6106
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAMALE-SMITH, LEAH M**
*Provider ID:* 285518
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
2125 CITRACADO PKWY # 210
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-2921
*Fax:* (760) 739-3162
*After Hours Phone:* (760) 739-2921
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEON, JOSUE D**
*Provider ID:* 205798
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
488 E VALLEY PKWY STE 400
ESCONDIDO, CA 92025-3378
*Phone:* (760) 658-6101
*Fax:*
*After Hours Phone:* (760) 658-6101
*Provider Gender:* Male
*License number*: A80635
*NPI:* 1497799092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**SHORT, ABIADE C**
*Provider ID:* 290595
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
255 N ASH ST STE 101
ESCONDIDO, CA 92027-3069
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A114893
*NPI:* 1750559589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**
*Provider ID:* 214190
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025-6428
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A124825
*NPI:* 1760776728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**
*Provider ID:* 277880
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: OPT14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BANSAL, PREETI**
*Provider ID:* 277883
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary

Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATIA, SHAGUN K**
*Provider ID:* 277877
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268756
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOKOSKY, JOHN E**
*Provider ID:* 54001
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
700 W EL NORTE PKWY
ESCONDIDO, CA 92026-3923
*Phone:* (760) 738-7800
*Fax:* (619) 296-4622
*After Hours Phone:* (760) 738-7800
*Provider Gender:* Male
*License number*: G51651
*NPI:* 1245215748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOPLIN, NEIL T**
*Provider ID:* 54049
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
700 W EL NORTE PKWY
ESCONDIDO, CA 92026-3923
*Phone:* (760) 738-7800
*Fax:* (619) 296-4622
*After Hours Phone:* (760) 738-7800
*Provider Gender:* Male
*License number*: G57042
*NPI:* 1144205642
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269705
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262446
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 268956
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOLL, ANGELA M**
*Provider ID:* 205895
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025-6428
*Phone:* (760) 755-7600
*Fax:*
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOLL, ANGELA M**
*Provider ID:* 277824
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 107935
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269179
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORTON, ASA D**
*Provider ID:* 54311
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
700 W EL NORTE PKWY
ESCONDIDO, CA 92026-3923
*Phone:* (760) 738-7800
*Fax:* (619) 296-4622
*After Hours Phone:* (760) 738-7800
*Provider Gender:* Male
*License number*: G68919
*NPI:* 1780669283

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOVAGHAR, MANSOOR**
*Provider ID:* 277833
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**OHALLORAN, HENRY S**
*Provider ID:* 277869
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PANSARA, MEGHA L**
*Provider ID:* 286603
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, GITANE**
*Provider ID:* 262319
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:*
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish,

Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268741
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (760) 743-5872
*Fax:*
*After Hours Phone:* (760) 743-5872
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262407
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268802
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 262393
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529

*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268920
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
830 W VALLEY PKWY STE 300
ESCONDIDO, CA 92025-2529
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SCHER, COLIN A**
*Provider ID:* 277862
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

**NATION, JAVAN J**
*Provider ID:* 277844
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Male
*License number*: A125279
*NPI:* 1043478902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OTOLARYNGOLOGY**

**FITZGERALD, PATRICK J , MD**
*Provider ID:* 269266
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (858) 485-7870
*Fax:* (858) 485-6473
*After Hours Phone:* (858) 485-7870
*Provider Gender:* Male
*License number*: G80210
*NPI:* 1790882728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRIESEN, TZYYNONG L**
*Provider ID:* 277853
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A152327
*NPI:* 1952740177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JIANG, WEN A**
*Provider ID:* 277860
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A99198
*NPI:* 1659305753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEUIN, SHELBY C**
*Provider ID:* 206110
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025-6428
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A112930
*NPI:* 1124230909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

## PEDIATRIC CARDIOLOGY

**HALEY, JESSICA E**
*Provider ID:* 205689
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A125568
*NPI:* 1023329885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SILVA SEPULVEDA, JOSE A**
*Provider ID:* 206298
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A120119
*NPI:* 1417222472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUN, HEATHER Y**
*Provider ID:* 206145
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Female
*License number*: A107943
*NPI:* 1811173883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC DERMATOLOGY

**BARRIO, VICTORIA R**
*Provider ID:* 277856
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A91617
*NPI:* 1598836355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BOIKO, SUSAN**
*Provider ID:* 277158
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: G41069
*NPI:* 1053488981
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC EMERGENCY MEDICINE

**VAIDYA, KAMALA**
*Provider ID:* 289412
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC INFECTIOUS DISEASES

**CHRISTMAN, JAMESINA C**
*Provider ID:* 277821
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A93574
*NPI:* 1538372032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/19
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ORTHOPEDICS

**UPASANI, VIDYADHAR V**
*Provider ID:* 205918
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 100
ESCONDIDO, CA 92025-6428
*Phone:* (855) 966-6789
*Fax:*
*After Hours Phone:* (855) 966-6789
*Provider Gender:* Male
*License number*: A97603
*NPI:* 1548417652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC PULMONOLOGY

**DUONG, THU A**
*Provider ID:* 277857
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC RHEUMATOLOGY

**CHIRASEVEENUPRAPUND, PETER**
*Provider ID:* 277906
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A68277
*NPI:* 1467518209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**AJAYI, TOLUWALASE A**
*Provider ID:* 205718
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: A121454
*NPI:* 1316175912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMERON, MELISSA A**
*Provider ID:* 116006
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:*
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: A125249
*NPI:* 1902983752
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMERON, MELISSA A**
*Provider ID:* 205966
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: A125249
*NPI:* 1902983752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DE LA ROSA, IVONNE E**
*Provider ID:* 206029
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: A49734
*NPI:* 1174695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FATAYERJI, NABIL I**
*Provider ID:* 52508
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:*
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: A63224
*NPI:* 1649341405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 52528
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:*
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MALEKSHAMRAN, KEYVAN**
*Provider ID:* 291279
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:* (858) 633-4693
*After Hours Phone:* (760) 690-5900
*Provider Gender:* Male
*License number*: A94845
*NPI:* 1952466112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MOYER, LAUREL B**
*Provider ID:* 116076
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:*
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Female
*License number*: C144070
*NPI:* 1598970378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, PAUL C**
*Provider ID:* 205757
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:* (442) 281-2999
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: A54747
*NPI:* 1841202710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAUER, CHARLES W**
*Provider ID:* 52544

*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-2850
*Fax:*
*After Hours Phone:* (442) 281-2850
*Provider Gender:* Male
*License number*: 20A9535
*NPI:* 1538388988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Pomerado Hospital, Scripps Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**RYAN, KYLE**
*Provider ID:* 275660
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY
ESCONDIDO, CA 92025-6428
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A170177
*NPI:* 1447645742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICIANS ASSISTANT

**ASARO, AMANDA M**
*Provider ID:* 277871
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: PA18493
*NPI:* 1306961313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHATFIELD, ALEXANDRA J**
*Provider ID:* 276716
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (858) 673-5187
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Female
*License number*: PA57107
*NPI:* 1215584628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DICKINSON, ALLISON J**
*Provider ID:* 277863
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DU BOIS, KAYLA R**
*Provider ID:* 291302
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-3193
*Fax:* (442) 281-3197
*After Hours Phone:* (442) 281-3193
*Provider Gender:* Female
*License number*: PA58491
*NPI:* 1922411933
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FLOCO, VIRGINIA A**
*Provider ID:* 277864
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA20788
*NPI:* 1982798112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAZAR, ANITA A**
*Provider ID:* 277805
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA55984
*NPI:* 1609208198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEE, JISOO**
*Provider ID:* 289452
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: PA60693
*NPI:* 1891456885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCCAULEY, KRISTINA R**
*Provider ID:* 277875
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA52100
*NPI:* 1063819944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MUNCH, LINH D**
*Provider ID:* 277843
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: PA14223
*NPI:* 1679792725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, CECILIA**
*Provider ID:* 289158
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA57419
*NPI:* 1629636816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIAKAMAL, EVAN J**
*Provider ID:* 291250
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8340
*Fax:* (858) 633-4698
*After Hours Phone:* (760) 520-8340
*Provider Gender:* Male
*License number*: PA58707
*NPI:* 1639796873
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**PAIK, CHRISTINA N**
*Provider ID:* 277803
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: PA21680
*NPI:* 1174811475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSS, ANNE T**
*Provider ID:* 269221
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 737-2035
*Fax:* (760) 520-8314
*After Hours Phone:* (760) 737-2035
*Provider Gender:* Female
*License number*: PA53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANCHEZ, RAQUEL**
*Provider ID:* 277886
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Female
*License number*: PA14357
*NPI:* 1356560650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VILLAPANDO, NORMA O**
*Provider ID:* 277904
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: PA56098
*NPI:* 1376947960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**PODIATRIST**

**FARMER, STEVEN G**
*Provider ID:* 268975
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (360) 462-2748
*After Hours Phone:* (760) 737-6900
*Provider Gender:* Male
*License number*: DPM2895
*NPI:* 1215087770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NEGRON, RICARDO J , MD**
*Provider ID:* 274646
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4693
*After Hours Phone:* (760) 520-8200
*Provider Gender:* Male
*License number*: DPM5260
*NPI:* 1932548393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**NEGRON, RICARDO J**
*Provider ID:* 290470
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Provider Gender:* Male
*License number*: DPM5260
*NPI:* 1932548393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**REHM, KENNETH B**
*Provider ID:* 290650
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Provider Gender:* Male
*License number*: DPM2808
*NPI:* 1588607766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Kindred Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**REHM, KENNETH B**

*Provider ID:* 290651
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (760) 520-8221
*After Hours Phone:* (760) 520-8200
*Provider Gender:* Male
*License number*: DPM2808
*NPI:* 1588607766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Kindred Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**REHM, KENNETH B**
*Provider ID:* 290652
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Provider Gender:* Male
*License number*: DPM2808
*NPI:* 1588607766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Kindred Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## PULMONARY DISEASES

**BENDER, FRANK D**
*Provider ID:* 257558
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
488 E VALLEY PKWY STE 211
ESCONDIDO, CA 92025-3370
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G33933
*NPI:* 1912015363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BENDER, FRANK D , MD**
*Provider ID:* 53988
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 211
ESCONDIDO, CA 92025-3370
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G33933
*NPI:* 1912015363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**POPPER, STEVEN T , MD**
*Provider ID:* 204438
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 211
ESCONDIDO, CA 92025-3370
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: A127156
*NPI:* 1679849012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Kaiser Foundation Hospital Bellflower, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**POPPER, STEVEN T**
*Provider ID:* 276725
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 201
ESCONDIDO, CA 92025-3398
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: A127156
*NPI:* 1679849012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Kaiser Foundation Hospital Bellflower, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUAN, MICHELE G**
*Provider ID:* 287097
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 230
ESCONDIDO, CA 92029-4159
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Female
*License number*: A152133
*NPI:* 1629462882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIATION ONCOLOGY

**COLEMAN, LORI A , MD**
*Provider ID:* 221090
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:* (760) 739-3779
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Female
*License number*: G78635
*NPI:* 1053348920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FULLER, DONALD B , MD**
*Provider ID:* 269237
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025-4466
*Phone:* (760) 839-7370
*Fax:* (858) 429-7938
*After Hours Phone:* (760) 839-7370
*Provider Gender:* Male
*License number*: G62532
*NPI:* 1285632711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**IJAZ, TAHIR, MD**
*Provider ID:* 269244
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025-4466
*Phone:* (760) 839-7370
*Fax:* (858) 429-7938
*After Hours Phone:* (760) 839-7370
*Provider Gender:* Male
*License number*: A52748
*NPI:* 1225036742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**
*Provider ID:* 268786
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:* (760) 739-3779
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Male
*License number*: A99269
*NPI:* 1720314107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEJAVAR, SUNANDA M , MD**
*Provider ID:* 221076
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:*
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Female
*License number*: A103733
*NPI:* 1912232513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kannada, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIRAZI, REZA, MD**

*Provider ID:* 269248
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025-4466
*Phone:* (760) 839-7370
*Fax:* (858) 429-7938
*After Hours Phone:* (760) 839-7370
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIRAZI, REZA**
*Provider ID:* 54453
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025-4466
*Phone:* (760) 839-7370
*Fax:*
*After Hours Phone:* (760) 839-7370
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UHL, BARRY M , MD**
*Provider ID:* 243529
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:* (760) 739-3779
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Male
*License number*: A71969
*NPI:* 1811936693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VOLPP, PAUL B , MD**
*Provider ID:* 221103
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:* (760) 739-3779
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Male
*License number*: A86307
*NPI:* 1225186232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WEINSTEIN, GEOFFREY D , MD**
*Provider ID:* 220041
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2125 CITRACADO PKWY # 110
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-3371
*Fax:* (760) 739-3779
*After Hours Phone:* (760) 739-3371
*Provider Gender:* Male
*License number*: A54109
*NPI:* 1841233947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**NALBANDIAN, ALLEN B**
*Provider ID:* 29148
*Board Certified Specialty:* No
VALLEY RADIOLOGY CONSULTANTS MED GRP INC
255 N ELM ST STE 102
ESCONDIDO, CA 92025-3431
*Phone:* (760) 739-5400
*Fax:*
*After Hours Phone:* (760) 739-5400
*Provider Gender:* Male
*License number*: A54742
*NPI:* 1619938099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUNG, RAYMOND Y**
*Provider ID:* 123332
*Board Certified Specialty:* No
VALLEY RADIOLOGY CONSULTANTS MED GRP INC
255 N ELM ST STE 102
ESCONDIDO, CA 92025-3431
*Phone:* (760) 739-5400
*Fax:*
*After Hours Phone:* (760) 739-5400
*Provider Gender:* Male
*License number*: A63965
*NPI:* 1023079365
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Green Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY

**VAKILIAN, SIAVOSH**
*Provider ID:* 283206
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025-4466
*Phone:* (760) 839-7370
*Fax:* (858) 429-7938
*After Hours Phone:* (760) 839-7370
*Provider Gender:* Male
*License number*: A133482
*NPI:* 1427456151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REGISTERED PHYSICAL THERAPIST**

**CULLISON, KALEB B**
*Provider ID:* 269216
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
255 N ELM ST STE 202
ESCONDIDO, CA 92025-3431
*Phone:* (760) 504-0223
*Fax:* (760) 504-0224
*After Hours Phone:* (760) 504-0223
*Provider Gender:* Male
*License number*: PT38863
*NPI:* 1326306762
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCGEE, JACQUELINE M**
*Provider ID:* 252473
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027-2550
*Phone:* (760) 233-9655
*Fax:* (760) 233-9648
*After Hours Phone:* (760) 233-9655
*Provider Gender:* Female
*License number*: PT294790
*NPI:* 1194217133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 8/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MEISTER, SARAH**
*Provider ID:* 269213
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027-2550
*Phone:* (760) 434-6100
*Fax:* (760) 434-4583
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Female
*License number*: PT291898
*NPI:* 1376091561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PARKER, CORY**
*Provider ID:* 269227
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027-2550
*Phone:* (760) 434-6100
*Fax:* (760) 434-4583
*After Hours Phone:* (760) 434-6100
*Provider Gender:* Male
*License number*: PT296440
*NPI:* 1194288126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RHEUMATOLOGY**

**RAO, SOUMYA G , MD**
*Provider ID:* 269101
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 211
ESCONDIDO, CA 92025-3370

*Phone:* (858) 675-3150
*Fax:* (858) 924-1775
*After Hours Phone:* (858) 675-3150
*Provider Gender:* Female
*License number*: A99911
*NPI:* 1033388616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHEETS, ROBERT M**
*Provider ID:* 277890
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: G31567
*NPI:* 1013088772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## SURGERY CARDIOVASCULAR

**LIN, YUAN H , MD**
*Provider ID:* 241290
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 300
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-0546
*Fax:* (760) 743-8005
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Male
*License number*: A43050
*NPI:* 1487650412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cantonese, Mandarin, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ONAITIS, MARK**
*Provider ID:* 210299
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-5000
*Fax:*
*After Hours Phone:* (442) 281-5000
*Provider Gender:* Male
*License number*: C144886
*NPI:* 1841310638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY GENERAL VASCULAR

**BULKIN, ANATOLY J , MD**
*Provider ID:* 51838
*Board Certified Specialty:* No
SURGICAL ASSOCS OF SAN DIEGO PROF CORP

625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-7666
*Fax:* (760) 739-7633
*After Hours Phone:* (760) 739-7666
*Provider Gender:* Male
*License number*: G79826
*NPI:* 1275593154
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHANG, ALEXANDER T , MD**
*Provider ID:* 75855
*Board Certified Specialty:* No
SURGICAL ASSOCS OF SAN DIEGO PROF CORP
625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-7666
*Fax:* (760) 739-7633
*After Hours Phone:* (760) 739-7666
*Provider Gender:* Male
*License number*: A123245
*NPI:* 1376860056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NEMCEFF, DENNIS, MD**
*Provider ID:* 246553
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-7666
*Fax:* (760) 739-7633
*After Hours Phone:* (760) 739-7666
*Provider Gender:* Male
*License number*: A123910
*NPI:* 1427371228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY GENERAL

**CHANG, ALEXANDER T**
*Provider ID:* 75855
*Board Certified Specialty:* No
SURGICAL ASSOCS OF SAN DIEGO PROF CORP
625 CITRACADO PKWY STE 203
ESCONDIDO, CA 92025-6428
*Phone:* (760) 739-7666
*Fax:*
*After Hours Phone:* (760) 739-7666
*Provider Gender:* Male
*License number*: A123245
*NPI:* 1376860056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GROVE, JAY R , MD**
*Provider ID:* 245226
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (760) 300-3647
*Fax:* (760) 482-1316
*After Hours Phone:* (760) 300-3647
*Provider Gender:* Male
*License number*: A60426
*NPI:* 1912971334
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY HAND

**PATEL, ARUSH A , MD**
*Provider ID:* 77773
*Board Certified Specialty:* No
ARCH HEALTH PARTNERS
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Male
*License number*: A105982
*NPI:* 1487892352
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY NEUROLOGICAL

**NGUYEN, ANDREW D**
*Provider ID:* 244140
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
1955 CITRACADO PKWY STE 102
ESCONDIDO, CA 92029-4111
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STERN, MARK S , MD**
*Provider ID:* 243486
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
705 E OHIO AVE
ESCONDIDO, CA 92025-3418
*Phone:* (760) 489-9490
*Fax:* (760) 489-7638
*After Hours Phone:* (760) 489-9490
*Provider Gender:* Male
*License number*: G47596
*NPI:* 1649282765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Punjabi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY ORTHOPEDIC

**ANDERSON, JUSTIN**
*Provider ID:* 289122
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: PA60229
*NPI:* 1366105074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BARBA, DANIEL, MD**
*Provider ID:* 77895
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Male
*License number*: A119351
*NPI:* 1407128580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAMBERS, HENRY G**
*Provider ID:* 277814
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: A44985
*NPI:* 1205907060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMONDS, ERIC W**
*Provider ID:* 277831
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: A86165
*NPI:* 1013048412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIMBALL, MICHAEL P , MD**
*Provider ID:* 122878
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

457 N ELM ST
ESCONDIDO, CA 92025-3001
*Phone:* (858) 455-6460
*Fax:* (858) 455-5362
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH-SA 9AM-5PM, W 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KNUTSON, THOMAS R , MD**
*Provider ID:* 31099
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Male
*License number*: G50268
*NPI:* 1962409938
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OWSLEY, KEVIN C , MD**
*Provider ID:* 269326
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (858) 485-0050
*Fax:* (858) 485-5071
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Male
*License number*: A98739
*NPI:* 1992714406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Marina Del Rey Hospital, Palomar Medical Center, Adventist Health White Memorial
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PENNOCK, ANDREW T**
*Provider ID:* 277874
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: A90049
*NPI:* 1619151685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHARP, LORRA M , MD**
*Provider ID:* 243552
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4112
*Phone:* (760) 743-4789
*Fax:* (760) 743-4779
*After Hours Phone:* (760) 743-4789
*Provider Gender:* Female
*License number*: A117353
*NPI:* 1689689176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomona Valley Hosp Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WALLACE, CHARLES D**
*Provider ID:* 277829
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YASZAY, BURT**
*Provider ID:* 277839
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 480-8770
*Fax:* (760) 480-8811
*After Hours Phone:* (760) 480-8770
*Provider Gender:* Male
*License number*: A100336
*NPI:* 1770798647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## SURGERY PEDIATRIC

**KLING, KAREN M**
*Provider ID:* 206130
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
625 CITRACADO PKWY STE 206
ESCONDIDO, CA 92025-6428
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:* (760) 755-7600
*Provider Gender:* Female
*License number*: A53583
*NPI:* 1982775144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## UROLOGY

**CHIANG, GEORGE**
*Provider ID:* 277830
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2125 CITRACADO PKWY # 100
ESCONDIDO, CA 92029-4159
*Phone:* (760) 739-1543
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 739-1543
*Provider Gender:* Male
*License number*: A98687
*NPI:* 1093773954
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COHEN, EDWARD S , MD**
*Provider ID:* 269341
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1955 CITRACADO PKWY STE 302
ESCONDIDO, CA 92029-4113
*Phone:* (760) 743-5111
*Fax:*
*After Hours Phone:* (760) 743-5111
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## FALLBROOK

### CHIROPRACTOR

**FARSHLER, ANTHONY J**
*Provider ID:* 290306
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1309 S MISSION RD
FALLBROOK, CA 92028-4167
*Phone:* (760) 690-5900
*Fax:* (760) 731-1063
*After Hours Phone:* (760) 690-5900
*Provider Gender:* Male
*License number*: DC32601
*NPI:* 1841627759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

### DERMATOLOGY

**ROSS, ANDREW L , MD**
*Provider ID:* 269334
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1309 S MISSION RD STE A
FALLBROOK, CA 92028-4168
*Phone:* (760) 728-7546
*Fax:* (760) 723-6208
*After Hours Phone:* (760) 728-7546
*Provider Gender:* Male
*License number*: A140430
*NPI:* 1700140738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAMADY, JOSEPH A , MD**
*Provider ID:* 269328
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1309 S MISSION RD STE A
FALLBROOK, CA 92028-4168
*Phone:* (760) 728-7546
*Fax:* (760) 723-6208
*After Hours Phone:* (760) 728-7546
*Provider Gender:* Male
*License number*: A71411
*NPI:* 1013954908
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 9:30AM-4:30PM, TU-TH 8AM-5PM, F 9:30AM-3:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## NEPHROLOGY

**HEBREO, JOSEPH D**
*Provider ID:* 262131
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
591 E ELDER ST STE C
FALLBROOK, CA 92028-5001
*Phone:* (760) 967-9900
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: A93436
*NPI:* 1801868286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OBSTETRICS / GYNECOLOGY

**PEARSON, LAWRENCE F**
*Provider ID:* 290592
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1328 S MISSION RD
FALLBROOK, CA 92028-4006
*Phone:* (760) 451-4720
*Fax:* (760) 451-4700
*After Hours Phone:* (760) 451-4720
*Provider Gender:* Male
*License number*: G37412
*NPI:* 1538234190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## PHYSICIANS ASSISTANT

**GORDON, BENJAMIN S**
*Provider ID:* 261023
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1107 S MISSION RD
FALLBROOK, CA 92028-3224
*Phone:* (760) 451-0070
*Fax:* (760) 451-1499
*After Hours Phone:* (760) 451-0070
*Provider Gender:* Male
*License number*: PA17205
*NPI:* 1821184078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SERING, MALIA A , NPA**
*Provider ID:* 269279

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1309 S MISSION RD STE A
FALLBROOK, CA 92028-4168
*Phone:* (760) 728-7546
*Fax:* (760) 723-6208
*After Hours Phone:* (760) 728-7546
*Provider Gender:* Female
*License number*: PA19459
*NPI:* 1013198720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PODIATRIST**

**NEGRON, RICARDO J**
*Provider ID:* 290469
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1309 S MISSION RD
FALLBROOK, CA 92028-4167
*Phone:* (760) 690-5900
*Fax:* (360) 462-2745
*After Hours Phone:* (760) 690-5900
*Provider Gender:* Male
*License number*: DPM5260
*NPI:* 1932548393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**REGISTERED PHYSICAL THERAPIST**

**KAPLAN, CHRISTOPHER C**
*Provider ID:* 269187
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
521 E ELDER ST STE 106
FALLBROOK, CA 92028-3082
*Phone:* (760) 723-8337
*Fax:* (760) 723-8337
*After Hours Phone:* (760) 723-8337
*Provider Gender:* Male
*License number*: PT292488
*NPI:* 1144764820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**IMPERIAL BEACH**

**FAMILY PRACTICE**

**JOHNSON, DANIEL W**
*Provider ID:* 290925
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Male
*License number*: 20A9393
*NPI:* 1245311216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SUMMERS-DAY, COURTNEY A**
*Provider ID:* 290977
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
949 PALM AVE

IMPERIAL BEACH, CA
91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Female
*License number*: A112781
*NPI:* 1124288873
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**REGISTERED PHYSICAL THERAPIST**

**KARANDE, PRACHI**
*Provider ID:* 287101
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932-1246
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT300083
*NPI:* 1699357525
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NOVENCIDO, ANDREW**
*Provider ID:* 286783
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932-1246
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Male
*License number*: PT295915
*NPI:* 1447723937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHEFFIELD, TIFFANY**
*Provider ID:* 255403
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932-1246
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT296953
*NPI:* 1134774342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## LA JOLLA

**CERTIFIED NURSE PRACTITIONER**

**NORTON, SARAH E**
*Provider ID:* 207058
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 MEDICAL CENTER DR
LA JOLLA, CA 92037

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95010335
*NPI:* 1730659756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## FAMILY PRACTICE

**CHEN, ALICE I**
*Provider ID:* 207166
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 MEDICAL CENTER DR
LA JOLLA, CA 92037
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16077
*NPI:* 1265810337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## NEONATAL / PERINATAL MEDICINE

**KO, KIMBERLY J**
*Provider ID:* 214507
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 MEDICAL CENTER DR
LA JOLLA, CA 92037
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A77120
*NPI:* 1437448917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## OBSTETRICS / GYNECOLOGY

**RIVAS, RENEE N**
*Provider ID:* 284296
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE, STE 340
LA JOLLA, CA 92037
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A173043
*NPI:* 1295263861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

# LA MESA

## HEMATOLOGY / ONCOLOGY

**BATRA, REEMA, MD**
*Provider ID:* 58612
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC

5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: A118846
*NPI:* 1629286505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BODKIN, DAVID J , MD**
*Provider ID:* 44084
*Board Certified Specialty:* Yes
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: G62107
*NPI:* 1134280605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Hindi, Korean, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ZU, KAI**
*Provider ID:* 43199
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:*
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: A74842
*NPI:* 1164583639
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ZU, KAI, MD**
*Provider ID:* 43199
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: A74842
*NPI:* 1164583639
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## INTERNAL MEDICINE

**BODKIN, DAVID J**
*Provider ID:* 44084
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC

5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: G62107
*NPI:* 1134280605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Hindi, Korean, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## ONCOLOGY MEDICAL

**BATRA, REEMA**
*Provider ID:* 58612
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:*
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: A118846
*NPI:* 1629286505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MEDIC, IGOR**
*Provider ID:* 119509
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:*
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: A146970
*NPI:* 1154618593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Serbian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PHYSICIANS ASSISTANT

**ELO, KRISTIN M**
*Provider ID:* 55181
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:*
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: PA19305
*NPI:* 1164664306
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WRAY, AMY G**
*Provider ID:* 118286
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 644-3030
*Fax:*
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: PA17578
*NPI:* 1396762076
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RADIATION ONCOLOGY**

**UHL, BARRY M , MD**
*Provider ID:* 204684
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 740-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Male
*License number*: A71969
*NPI:* 1811936693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RADIOLOGY**

**VIETS, RYAN B**
*Provider ID:* 268951
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 740-5100
*Fax:* (619) 740-5150
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A125809
*NPI:* 1568617108
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Tri City Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UROLOGY**

**DATO, PAUL E , MD**
*Provider ID:* 269142
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE, STE 301
LA MESA, CA 91942
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A43540
*NPI:* 1588632715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## LA JOLLA

**ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**HONG, KIMBERLY N**
*Provider ID:* 246312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A156242
*NPI:* 1346515442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SILVA ENCISO, JORGE E**
*Provider ID:* 120489
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A117426
*NPI:* 1639404031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## ALLERGY IMMUNOLOGY

**BROIDE, DAVID H**
*Provider ID:* 65132
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:* (858) 657-8723
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A38964
*NPI:* 1760422992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOHERTY, TAYLOR A**
*Provider ID:* 65163
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:* (858) 657-8723
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A86650
*NPI:* 1225015845
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOFFMAN, HAROLD M**
*Provider ID:* 65192
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1A
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male

*License number*: A53101
*NPI:* 1326074261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SMITH, TUKISA D**
*Provider ID:* 255602
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-5350
*Fax:*
*After Hours Phone:* (858) 657-5350
*Provider Gender:* Female
*License number*: A165499
*NPI:* 1205194198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WASSERMAN, STEPHEN I**
*Provider ID:* 65321
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A23431
*NPI:* 1588612154
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 9AM-5PM, TU 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZURAW, BRUCE L**
*Provider ID:* 65331
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8723
*Fax:*
*After Hours Phone:* (858) 657-8723
*Provider Gender:* Male
*License number*: G47065
*NPI:* 1780634261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## ANESTHESIOLOGY PAIN MANAGEMENT

**CASTELLANOS, JOEL**
*Provider ID:* 243554
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154199
*NPI:* 1700296514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## ANESTHESIOLOGY

**OSWALD, JESSICA C**
*Provider ID:* 239601
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A130925
*NPI:* 1427315118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRIVEDI, SURAJ S**
*Provider ID:* 246750
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122196
*NPI:* 1699057885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TZENG, ERIC**
*Provider ID:* 284578
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A153819
*NPI:* 1801258264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CARDIOLOGY

**AIZIN, VITALI**
*Provider ID:* 124981
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9834 GENESEE AVE STE 101
LA JOLLA, CA 92037-1214
*Phone:* (858) 430-8455
*Fax:* (858) 433-6946
*After Hours Phone:* (858) 430-8455
*Provider Gender:* Male
*License number*: A82761
*NPI:* 1366545733
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**AL KHIAMI, BELAL O**
*Provider ID:* 127143
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A141418
*NPI:* 1861623506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Loma Linda University Med Ctr Murrieta, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AL KHIAMI, BELAL O**
*Provider ID:* 275993
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A141418
*NPI:* 1861623506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Loma Linda University Med Ctr Murrieta, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COTTER, BRUNO R**
*Provider ID:* 65154
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A67069
*NPI:* 1205886389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GREENBERG, BARRY H**
*Provider ID:* 65180
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G29316
*NPI:* 1093773137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOFFMAYER, KURT S**
*Provider ID:* 110437
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A98256
*NPI:* 1841322195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIM, PAUL J**
*Provider ID:* 120632
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A109213
*NPI:* 1417104837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KIM, PAUL J**
*Provider ID:* 210202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A109213
*NPI:* 1417104837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KIM, PAUL J**
*Provider ID:* 244997
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A109213
*NPI:* 1417104837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIZZELL, ANNA M**
*Provider ID:* 214021
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A112810
*NPI:* 1851561021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIZZELL, ANNA M**
*Provider ID:* 83365
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A112810
*NPI:* 1851561021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIZZELL, ANNA M**
*Provider ID:* 84119
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A112810
*NPI:* 1851561021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NAREZKINA, ANNA D**
*Provider ID:* 110162
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:* (858) 657-8814
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: A113210
*NPI:* 1891958773
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PHREANER, NICHOLAS J**
*Provider ID:* 224864
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A126789

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1023373040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAUB, PAM R**
*Provider ID:* 277681
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A89612
*NPI:* 1346355161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAUB, PAM R**
*Provider ID:* 277682
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A89612
*NPI:* 1346355161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**UREY, MARCUS A**
*Provider ID:* 120573
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A148944
*NPI:* 1972820058
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALTERS, DANIEL**
*Provider ID:* 240403
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129565
*NPI:* 1659665461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WETTERSTEN, NICHOLAS W**
*Provider ID:* 210604
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8630
*Fax:* (858) 657-8814
*After Hours Phone:* (858) 657-8630
*Provider Gender:* Male
*License number*: A122511
*NPI:* 1063701068
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CARDIOVASCULAR DISEASE

**ADLER, ERIC D**
*Provider ID:* 64793
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:* (858) 657-8021
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A116525
*NPI:* 1477699601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ADLER, ERIC D**
*Provider ID:* 65369
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (858) 657-8021
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A116525
*NPI:* 1477699601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAHADORANI, JOHN N**
*Provider ID:* 101235
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A123767
*NPI:* 1780883082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**BARNARD, DENISE D**
*Provider ID:* 65123
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:* (858) 657-8021
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: G65241
*NPI:* 1669497731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BEN YEHUDA, ORI**
*Provider ID:* 65125
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A51936
*NPI:* 1508912387
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BERMAN, BRETT J**
*Provider ID:* 101016
*Board Certified Specialty:* No
INTEGRATIVE CARDIOVASCULAR CENTER OF LA JOLLA
9834 GENESEE AVE STE 101
LA JOLLA, CA 92037-1214
*Phone:* (858) 430-8455
*Fax:* (858) 433-6943
*After Hours Phone:* (858) 430-8455
*Provider Gender:* Female
*License number*: A78854
*NPI:* 1457446684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DANIELS, LORI B**
*Provider ID:* 65157
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: A74503
*NPI:* 1295755080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEMARIA, ANTHONY N**
*Provider ID:* 65160
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G20471
*NPI:* 1124043948
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FELD, GREGORY K**
*Provider ID:* 70155
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G37258
*NPI:* 1720003924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KEEN, WILLIAM D**
*Provider ID:* 291303
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Male
*License number*: G73551
*NPI:* 1962561571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KRUMMEN, DAVID E**
*Provider ID:* 65223
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A81261
*NPI:* 1235152885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAHMUD, EHTISHAM**
*Provider ID:* 65244
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G75925
*NPI:* 1730112335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATEL, MITUL P**
*Provider ID:* 65009
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A95406
*NPI:* 1457572448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATEL, MITUL P**
*Provider ID:* 65376
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A95406
*NPI:* 1457572448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TSIMIKAS, SOTIRIOS**
*Provider ID:* 65312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G73170
*NPI:* 1629124417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE PRACTITIONER

**AGYEMANG, ALBERTA A**
*Provider ID:* 265130
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002195
*NPI:* 1023400082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AGYEMANG, ALBERTA A**
*Provider ID:* 265131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:* (858) 657-8387
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: NP95002195
*NPI:* 1023400082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ANDREWS, BARBARA G**
*Provider ID:* 291428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: NP9397
*NPI:* 1235145962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ATTIA, JILL M**
*Provider ID:* 83197
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-2124
*Fax:* (858) 534-4813
*After Hours Phone:* (858) 822-2124
*Provider Gender:* Female
*License number*: NP16882
*NPI:* 1275598591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ATTIA, JILL M**
*Provider ID:* 83198
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 822-2124
*Fax:* (858) 534-4813
*After Hours Phone:* (858) 822-2124
*Provider Gender:* Female
*License number*: NP16882
*NPI:* 1275598591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BALL, KELLY R**
*Provider ID:* 125572
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: NP95004819
*NPI:* 1902343833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAMEL, KASEY C**
*Provider ID:* 126321
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: NP95004824
*NPI:* 1487106886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BILENKAYA, IRINA**
*Provider ID:* 83241
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:* (858) 657-8269
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP15880
*NPI:* 1801030267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BOTTA, LAUREN M**
*Provider ID:* 256368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95012577
*NPI:* 1730726563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOUTELLE, AMY L**
*Provider ID:* 243485
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP9500140
*NPI:* 1609117704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRADY, KATELYN A**
*Provider ID:* 209017
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95004809
*NPI:* 1952797540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUENROSTRO, CHRISTINA**
*Provider ID:* 243717
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95004366
*NPI:* 1851749253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BYRNE, JENNIFER M**
*Provider ID:* 113432
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6600
*Fax:* (958) 822-6395
*After Hours Phone:* (858) 822-6600
*Provider Gender:* Female
*License number*: NP23295
*NPI:* 1568804326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CAIN, JULIA M**
*Provider ID:* 83251
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6277
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: NP18867
*NPI:* 1457593808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CAPOZZI, JENNIFER E**
*Provider ID:* 241030
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP11056
*NPI:* 1336258276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASTANO, NEREMIAH J**
*Provider ID:* 83257
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6188
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: NP18985
*NPI:* 1437190071
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHRISTIANSON, ELIZABETH S**
*Provider ID:* 247329
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002903
*NPI:* 1750722666
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CIASCHI, CYNTHIA M**
*Provider ID:* 110389
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-3115
*Fax:* (858) 822-1669
*After Hours Phone:* (858) 822-3115
*Provider Gender:* Female
*License number*: NP5263
*NPI:* 1750391512
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COLLINS, CYNTHIA M**
*Provider ID:* 83300
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6303
*Fax:* (619) 543-5717
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Female
*License number*: NP17358
*NPI:* 1780869164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CONNOR, CAROLINE L**
*Provider ID:* 279834
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13032
*NPI:* 1609081710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CONNOR, CAROLINE L**
*Provider ID:* 83304
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NP13032
*NPI:* 1609081710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CRAMER, ARLENE**
*Provider ID:* 116535
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 534-7079
*Fax:* (858) 822-1186
*After Hours Phone:* (858) 534-7079
*Provider Gender:* Female
*License number*: NP14879
*NPI:* 1083815575
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CZYPULL, MONICA**
*Provider ID:* 284662
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037-1208
*Phone:* (858) 554-1212
*Fax:* (858) 795-1195
*After Hours Phone:* (858) 554-1212
*Provider Gender:* Female
*License number*: NP95016815
*NPI:* 1831784842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAVIES, SUMMER R**
*Provider ID:* 238922
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7600
*Fax:*
*After Hours Phone:* (858) 657-7600
*Provider Gender:* Female
*License number*: NP21519
*NPI:* 1679850671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAVIES, SUMMER R**
*Provider ID:* 253691
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (858) 249-6800
*Fax:* (858) 657-6420
*After Hours Phone:* (858) 249-6800
*Provider Gender:* Female
*License number*: NP21519
*NPI:* 1679850671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELA VINA, JANELLE P**
*Provider ID:* 125314
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP17592
*NPI:* 1821232778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEUTSCH, ELIANA J**
*Provider ID:* 121229
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NP19666
*NPI:* 1770807000
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DIMAIRA, FRANCESCA**
*Provider ID:* 245579
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95011770
*NPI:* 1346670718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DIMAIRA, FRANCESCA**
*Provider ID:* 245580
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95011770
*NPI:* 1346670718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOVE, JANET H**
*Provider ID:* 83368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP8210
*NPI:* 1982860664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DRCAR, THAO T**
*Provider ID:* 83373
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-5257
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-5257
*Provider Gender:* Female
*License number*: NP14165
*NPI:* 1710958798
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DRISCOLL, KARRIE**
*Provider ID:* 110193
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6277
*Fax:* (858) 228-1731
*After Hours Phone:* (858) 822-6277
*Provider Gender:* Female
*License number*: NP22651
*NPI:* 1396085098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRISCOLL, KARRIE**
*Provider ID:* 286376
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6277
*Fax:* (858) 228-1731
*After Hours Phone:* (858) 822-6277
*Provider Gender:* Female
*License number*: NP22651
*NPI:* 1396085098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DUONG, MICHELLE T**
*Provider ID:* 126862
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6600
*Fax:*
*After Hours Phone:* (858) 822-6600
*Provider Gender:* Female
*License number*: NP95004623
*NPI:* 1659821080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELAMPARO, KAYE L , NPA**
*Provider ID:* 258928
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9834 GENESEE AVE # 560
LA JOLLA, CA 92037-1223
*Phone:* (858) 552-1710
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 552-1710
*Provider Gender:* Female
*License number*: NP20795
*NPI:* 1851673610
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Alvarado Hosp Med Ctr, Paradise Valley Hospital, Alvarado Hospital Llc, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELMORE, DUDLEY G**
*Provider ID:* 83411
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-7785
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: NP18199
*NPI:* 1568620375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ESPEJO, MARISSA C**
*Provider ID:* 121412
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0320
*Fax:*
*After Hours Phone:* (619) 471-0320
*Provider Gender:* Female
*License number*: NP20343
*NPI:* 1508112590
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FEELY, HOMIRA**

*Provider ID:* 83426
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6040
*Fax:*
*After Hours Phone:* (858) 822-6040
*Provider Gender:* Female
*License number*: NP19711
*NPI:* 1972839975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEBEN, CODY J**
*Provider ID:* 244096
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95008175
*NPI:* 1992179162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARCIA, DAVID**
*Provider ID:* 83446
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6222
*Fax:* (619) 543-7785
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP9111
*NPI:* 1851544480
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARTH, MELISSA A**
*Provider ID:* 268991
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95011870
*NPI:* 1689232977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARTH, MELISSA A**
*Provider ID:* 268992
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95011870
*NPI:* 1689232977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GELUZ, JAYDEE ROSE F**
*Provider ID:* 117074
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 534-7079
*Fax:*
*After Hours Phone:* (858) 534-7079
*Provider Gender:* Female
*License number*: NP95004002
*NPI:* 1861854622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GERNHOFER, YAN K**
*Provider ID:* 83661
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP22280
*NPI:* 1205185915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GERNHOFER, YAN K**
*Provider ID:* 83662
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 437-7777
*Fax:* (858) 657-5058
*After Hours Phone:* (619) 437-7777
*Provider Gender:* Female
*License number*: NP22280
*NPI:* 1205185915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GILBERT, TARI L**
*Provider ID:* 125238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (858) 249-6800
*Fax:*
*After Hours Phone:* (858) 249-6800
*Provider Gender:* Female
*License number*: NP10378
*NPI:* 1811248347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GIOVANNETTI, ERIN R**
*Provider ID:* 276002
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP22803
*NPI:* 1013317767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GORDON, CAITLIN R**
*Provider ID:* 246042
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP23078
*NPI:* 1063842078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GORDON, DEBBIE**
*Provider ID:* 128662
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: NP13438
*NPI:* 1730315532
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HALEY, KATHLEEN M , NPA**
*Provider ID:* 253506
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Female
*License number*: NP11124
*NPI:* 1992869739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/125
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HALEY, KATHLEEN M**
*Provider ID:* 262439
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Female
*License number*: NP11124
*NPI:* 1992869739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HARKNESS, RUMIKO**
*Provider ID:* 208840
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP11566
*NPI:* 1487785093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HERMAN, HEATHER G**
*Provider ID:* 83590
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 534-7079
*Fax:* (858) 822-0872
*After Hours Phone:* (858) 534-7079
*Provider Gender:* Female
*License number*: NP15024
*NPI:* 1407064728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HORNFELD, COURTNEY A**
*Provider ID:* 277360
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (619) 543-7128
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95013375
*NPI:* 1982234027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUYNH, HOAI HUONG K**
*Provider ID:* 83606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:* (858) 657-8549
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Female
*License number*: NP19793
*NPI:* 1194035501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IYER, VICTORIA G**
*Provider ID:* 265624
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP18782
*NPI:* 1871738864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JONES, CHRISTA E**
*Provider ID:* 275564
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (800) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95914220
*NPI:* 1396371431
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KHUAT, LIEN M**
*Provider ID:* 83653
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6380
*Fax:* (858) 657-6904
*After Hours Phone:* (858) 657-6380
*Provider Gender:* Female
*License number*: NP13634
*NPI:* 1366558678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIM, JENNIFER S**
*Provider ID:* 112495
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 534-7079
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 534-7079
*Provider Gender:* Female
*License number*: NP19867
*NPI:* 1851601819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIRK, MARY P**
*Provider ID:* 83657
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0701
*Fax:* (619) 543-7785
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Female
*License number*: NP17276
*NPI:* 1760668073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLEIN, SUSAN H**
*Provider ID:* 262457
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (760) 432-3340
*Fax:*
*After Hours Phone:* (760) 432-3340
*Provider Gender:* Female
*License number*: NP23266
*NPI:* 1831522010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KNECHEL, NANCY A**
*Provider ID:* 83660
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: NP17401
*NPI:* 1871757211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KOMIYA, ASAKO**
*Provider ID:* 279183
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4150 REGENTS PARK ROW STE 355
LA JOLLA, CA 92037-9102
*Phone:* (858) 457-2043
*Fax:* (858) 457-2092
*After Hours Phone:* (858) 457-2043
*Provider Gender:* Female
*License number*: NP13504
*NPI:* 1144797895
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KORMANIK, PATRICIA A**
*Provider ID:* 282070
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP9707
*NPI:* 1093895047
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KORMANIK, PATRICIA A**
*Provider ID:* 83665
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6395
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: NP9707
*NPI:* 1093895047
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEBLANC, ALLYN E**
*Provider ID:* 275539
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95004227
*NPI:* 1376732685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEE, HEE J**
*Provider ID:* 274644
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95006499
*NPI:* 1497275705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEITHEM, DESIREE S**
*Provider ID:* 121150
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NP18324
*NPI:* 1952564320
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIEBMAN, RACHAEL R**
*Provider ID:* 280390
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95007834
*NPI:* 1396130050
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LITTRELL, MICHELE**
*Provider ID:* 83709
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-8235
*Fax:* (858) 534-0064
*After Hours Phone:* (858) 534-8235
*Provider Gender:* Female
*License number*: NP13577
*NPI:* 1740471978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARTINEZ, JOYCELLE C**
*Provider ID:* 84008
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (858) 657-8530
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP16021
*NPI:* 1891906228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MATTHESS, JANETTE E**
*Provider ID:* 122010
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NP22833
*NPI:* 1457694549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MATTHESS, JANETTE E**
*Provider ID:* 287644
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP22833
*NPI:* 1457694549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MATTHESS, JANETTE E**
*Provider ID:* 287645
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP22833
*NPI:* 1457694549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCALPIN, REBECCA A**
*Provider ID:* 84012
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6040
*Fax:* (858) 822-1634
*After Hours Phone:* (858) 822-6040
*Provider Gender:* Female
*License number*: NP17151
*NPI:* 1063662153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCGHEE, SARAH L**
*Provider ID:* 113363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-5182
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 822-5182
*Provider Gender:* Female
*License number*: NP18236
*NPI:* 1043467020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEDIANO, FERNANDO**
*Provider ID:* 116093
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: NP95005764
*NPI:* 1730558743
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MICK, SHARON L**
*Provider ID:* 84133
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: NP10449
*NPI:* 1891061966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MIRALLES, ARA**
*Provider ID:* 84273
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP22052
*NPI:* 1457697567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOHEBBI, ATHENA**
*Provider ID:* 282231
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP19120
*NPI:* 1952627176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MULVEY, CAOILFHIONN M**
*Provider ID:* 291420
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Female
*License number*: NP95018331
*NPI:* 1184386864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NACOSTE, LAKEISHA**
*Provider ID:* 272935
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-5210
*Fax:*
*After Hours Phone:* (858) 822-5210
*Provider Gender:* Female
*License number*: NP95007600
*NPI:* 1194139634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NINCHAK, VIOLA M**
*Provider ID:* 285896
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 530
LA JOLLA, CA 92037-1213

*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: NP95010549
*NPI:* 1275007403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ODONNELL, SIOBHAN M**
*Provider ID:* 110904
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 822-6600
*Fax:*
*After Hours Phone:* (858) 822-6600
*Provider Gender:* Female
*License number*: NP21367
*NPI:* 1760745947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAULSON, KERRY L**
*Provider ID:* 201269
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (619) 543-3000
*Fax:*
*After Hours Phone:* (619) 543-3000
*Provider Gender:* Female
*License number*: NP95002615
*NPI:* 1518363407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHILBRICK, MEGAN M**
*Provider ID:* 270401
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95012381
*NPI:* 1871074633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHILLIPS, KELLY M**
*Provider ID:* 84328
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP18868
*NPI:* 1336370543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PODSADA, KIMBERLY C**
*Provider ID:* 121756
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 822-6135
*Fax:* (858) 657-6644
*After Hours Phone:* (858) 822-6135
*Provider Gender:* Female
*License number*: NP19181
*NPI:* 1891011078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RALEIGH, DEBORAH J**
*Provider ID:* 215016
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP21444
*NPI:* 1689006876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RICHARDS, LISA M**
*Provider ID:* 84583
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:* (619) 471-3242
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP8458
*NPI:* 1720247612
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIVIELLO, GABRIELA**
*Provider ID:* 84588
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7162
*Fax:* (619) 543-6954
*After Hours Phone:* (619) 543-7162
*Provider Gender:* Female
*License number*: NP13576
*NPI:* 1871758508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROCHE, CHELSEA E**
*Provider ID:* 270706
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95012534
*NPI:* 1063040384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROSSI, CATHERINE R**
*Provider ID:* 291446
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Female
*License number*: NP95018984
*NPI:* 1649934126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SERRATO, ANTHONY J**
*Provider ID:* 278974
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95016430
*NPI:* 1376138388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SMITH, HEIDI A**
*Provider ID:* 84816
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-7785
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: NP8236
*NPI:* 1992950539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SOLDANO, DEBBIE A**
*Provider ID:* 123422
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: NP95001088
*NPI:* 1174923072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SRILASAK, MICHELE**
*Provider ID:* 281855
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13694
*NPI:* 1265487326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SRILASAK, MICHELE**
*Provider ID:* 84899
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6040
*Fax:*
*After Hours Phone:* (858) 822-6040
*Provider Gender:* Female
*License number*: NP13694
*NPI:* 1265487326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STEVENSON, REHEIA A**
*Provider ID:* 210795
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95003341
*NPI:* 1346696044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUN, CHENG**
*Provider ID:* 84911
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: NP9759
*NPI:* 1437358892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TANGTUMNU, RUNGFA**
*Provider ID:* 84923
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6502
*Fax:* (619) 543-7785
*After Hours Phone:* (619) 543-6502
*Provider Gender:* Female
*License number*: NP17451
*NPI:* 1689828741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOMICICH, STEPHANIE S**
*Provider ID:* 115348
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9834 GENESEE AVE STE 416
LA JOLLA, CA 92037-1264
*Phone:* (858) 458-0099
*Fax:* (858) 458-0089
*After Hours Phone:* (858) 458-0099
*Provider Gender:* Female
*License number*: NP95002402
*NPI:* 1316333792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TOMICICH, STEPHANIE S , NPA**
*Provider ID:* 248026
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9834 GENESEE AVE STE 416
LA JOLLA, CA 92037-1264
*Phone:* (858) 458-0099
*Fax:* (858) 458-0089
*After Hours Phone:* (858) 458-0099
*Provider Gender:* Female
*License number*: NP95002402
*NPI:* 1316333792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/125
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TOMICICH, STEPHANIE S**
*Provider ID:* 262398
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (559) 447-4949
*Fax:* (559) 447-4925
*After Hours Phone:* (559) 447-4949
*Provider Gender:* Female
*License number*: NP95002402
*NPI:* 1316333792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TOPPEN, LAURA**
*Provider ID:* 215475
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female

*License number*: NP95010163
*NPI:* 1326563495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TOPPEN, LAURA**
*Provider ID:* 215476
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95010163
*NPI:* 1326563495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRUJILLO, DALE M**
*Provider ID:* 278428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT18136
*NPI:* 1003104423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRUJILLO, DALE M**
*Provider ID:* 278428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95009664
*NPI:* 1003104423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VERA, ABIGAIL M**
*Provider ID:* 119436
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7073
*Fax:*
*After Hours Phone:* (858) 657-7073
*Provider Gender:* Female
*License number*: NP23547
*NPI:* 1932462785
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WATERS, VALERIE L**
*Provider ID:* 121214
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NP95007374
*NPI:* 1770002313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WAX, VIVIKA S**
*Provider ID:* 84957
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:* (858) 657-5054
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: NP12765
*NPI:* 1497881197
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YOAKUM, STEPHANIE H**
*Provider ID:* 125317
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: NP12624
*NPI:* 1386609386
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED REGISTERED NURSE MIDWIFE

**BECERRA, AMANDA J**
*Provider ID:* 110463
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM235778
*NPI:* 1386037299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COOPER, ANNE S**
*Provider ID:* 83305
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8745
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM1689
*NPI:* 1477644417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOLLAND, STEVEN C**
*Provider ID:* 280553
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NA95000632
*NPI:* 1982059044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Kern Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARRETT BROWN, REBECCA C**
*Provider ID:* 83459
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NMW862
*NPI:* 1659344224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOODWIN, RACHEL K**
*Provider ID:* 126235
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1908
*NPI:* 1518274919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOODWIN, RACHEL K**
*Provider ID:* 210017
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1908
*NPI:* 1518274919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GREAR MANN, MELISSA P**
*Provider ID:* 210051
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NMW1830
*NPI:* 1255384475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUNTHER, HOPE R**
*Provider ID:* 210040
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM1421
*NPI:* 1285667741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 210056
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 210057
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 83597
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:* (619) 543-6792
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOMBERG, JESSICA**
*Provider ID:* 291457
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8950 VILLA LA JOLLA DR STE C101
LA JOLLA, CA 92037-1727
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Female
*License number*: NM236132
*NPI:* 1386046266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOMBERG, JESSICA**
*Provider ID:* 291458
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Female
*License number*: NM236132
*NPI:* 1386046266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 210135
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 210136
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 84325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:* (619) 543-2366
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WARD, PAMELA R**
*Provider ID:* 84953
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: NM757
*NPI:* 1912063199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## DERMATOLOGY

**CROWLEY, CHRISTOPHER S , MD**
*Provider ID:* 269668
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A134188
*NPI:* 1962836783
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GALLO, RICHARD L**
*Provider ID:* 65173
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:* (858) 657-8723
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: C50273
*NPI:* 1679598890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HATA, TISSA R**
*Provider ID:* 65186
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: G63547
*NPI:* 1558313916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MIREMADI, ARJAMG K**
*Provider ID:* 122520
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
7702 IVANHOE AVE
LA JOLLA, CA 92037-4520
*Phone:* (858) 456-1840
*Fax:* (858) 456-9341
*After Hours Phone:* (858) 456-1840
*Provider Gender:* Male
*License number*: A31016
*NPI:* 1497849418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**MIREMADI, ARJAMG K**
*Provider ID:* 257630
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
7702 IVANHOE AVE
LA JOLLA, CA 92037-4520
*Phone:* (858) 456-1840
*Fax:* (858) 456-9341
*After Hours Phone:* (858) 456-1840
*Provider Gender:* Male
*License number*: A31016
*NPI:* 1497849418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**YU, BENJAMIN D**
*Provider ID:* 65328
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A80119
*NPI:* 1831103084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## EMERGENCY MEDICINE

**AMANN, CHRISTOPHER J**
*Provider ID:* 270914
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: C132360

*NPI:* 1134326895
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARRY, JEFFREY R**
*Provider ID:* 271131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149215
*NPI:* 1801207006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELLINGHAUSEN, AMY**
*Provider ID:* 270335
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143164
*NPI:* 1801206354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LI, JINGHONG**
*Provider ID:* 255937
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LI, JINGHONG**
*Provider ID:* 255938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PADDOCK, DIANA L**
*Provider ID:* 256121
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA52175
*NPI:* 1447657804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## ENDOCRINOLOGY

## METABOLISM DIABETES

**BOEDER, SCHAFER C**
*Provider ID:* 255612
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129134
*NPI:* 1477808285
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DILLMANN, WOLFGANG**
*Provider ID:* 65162
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A33658
*NPI:* 1386675445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DULEBA, ANTONI J**
*Provider ID:* 83386
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 543-2347
*Fax:*
*After Hours Phone:* (858) 543-2347
*Provider Gender:* Male
*License number*: C52680
*NPI:* 1659354702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**EDELMAN, STEVEN V**
*Provider ID:* 83396
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-1636
*Fax:*
*After Hours Phone:* (858) 657-1636
*Provider Gender:* Male
*License number*: G51578
*NPI:* 1477585248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUERIN, CHRIS K**
*Provider ID:* 284645
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G47081
*NPI:* 1275648875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAMIDI, VALA**
*Provider ID:* 121429
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A150069
*NPI:* 1316231681
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JUANG, PATRICIA S**
*Provider ID:* 255606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A110217
*NPI:* 1265695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JUANG, PATRICIA S**
*Provider ID:* 83552
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A110217
*NPI:* 1265695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KULASA, KRISTEN M**
*Provider ID:* 255623
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 962-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 962-8273
*Provider Gender:* Female
*License number*: A96293
*NPI:* 1932324175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MAFONG, DEREK D**
*Provider ID:* 65242
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # C
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:* (858) 657-8989
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Male
*License number*: A89536
*NPI:* 1699781633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAGELBERG, JODI B**
*Provider ID:* 287778
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037-1732
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTOS CAVAIOLA, TRICIA**
*Provider ID:* 256092
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A108282
*NPI:* 1518163799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WOODS, GINA N**
*Provider ID:* 110869
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1A
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A81848
*NPI:* 1467401521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## FAMILY PRACTICE

**CHEN, ALICE I**
*Provider ID:* 207165
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16077
*NPI:* 1265810337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EASTMAN, AMELIA S**
*Provider ID:* 83393
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: 20A11643
*NPI:* 1336393990
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

**LUKACZ, EMILY S**
*Provider ID:* 256953
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LUKACZ, EMILY S**
*Provider ID:* 256954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## GASTROENTEROLOGY

**ANAND, GOBIND S**
*Provider ID:* 110471
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-1636
*Fax:*
*After Hours Phone:* (858) 657-1636
*Provider Gender:* Male
*License number*: A120739
*NPI:* 1861626814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ANAND, GOBIND S**
*Provider ID:* 272836
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:* (858) 657-7259
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A120739
*NPI:* 1861626814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BORTNIKER, ETHAN I**
*Provider ID:* 209550
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155188
*NPI:* 1396905576
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRENNER, DAVID A**
*Provider ID:* 64823
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8381
*Fax:* (858) 657-8989
*After Hours Phone:* (858) 657-8381
*Provider Gender:* Male
*License number*: G54658
*NPI:* 1679649024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COPUR DAHI, NEDRET**
*Provider ID:* 64853
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A99701
*NPI:* 1932290145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DAVE, SHRAVAN S**
*Provider ID:* 270448
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 925-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 925-8273
*Provider Gender:* Male
*License number*: A139385
*NPI:* 1588081814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAVE, SHRAVAN S**
*Provider ID:* 270449
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A139385
*NPI:* 1588081814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DILAURO, STEVEN C , MD**
*Provider ID:* 269298
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 373-0211
*Fax:* (760) 635-5972
*After Hours Phone:* (858) 373-0211
*Provider Gender:* Male
*License number*: A104332
*NPI:* 1629117643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOCHERTY, MICHAEL J**
*Provider ID:* 64859
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A74870
*NPI:* 1841230935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FEHMI, SYED M**
*Provider ID:* 64876
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A107838
*NPI:* 1942320288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FEJLEH, MOHAMMAD P**
*Provider ID:* 271042
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (800) 926-8273
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149205
*NPI:* 1205240959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FEJLEH, MOHAMMAD P**
*Provider ID:* 271043
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149205
*NPI:* 1205240959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOLDKLANG, ROBERT H , MD**
*Provider ID:* 269271
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 373-0211
*Fax:* (760) 635-5972
*After Hours Phone:* (858) 373-0211
*Provider Gender:* Male
*License number*: G69237
*NPI:* 1275527657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GUPTA, SAMIR**
*Provider ID:* 83525
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A78715
*NPI:* 1023127057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HEMPERLY, AMY V**
*Provider ID:* 239551
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A14741
*NPI:* 1881960888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HOLMER, ARIELA K**
*Provider ID:* 273216
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149594
*NPI:* 1083032544
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KALMAZ, DENISE**
*Provider ID:* 64931
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A87252
*NPI:* 1275700973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLAPHEKE, ROBERT W**
*Provider ID:* 283347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154916
*NPI:* 1891113288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KLAPHEKE, ROBERT W**
*Provider ID:* 283348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154916
*NPI:* 1891113288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KONO, YUKO**
*Provider ID:* 65218
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8010
*Fax:*
*After Hours Phone:* (858) 657-8010
*Provider Gender:* Female
*License number*: A111039
*NPI:* 1982628665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KRINSKY, MARY L**
*Provider ID:* 83674
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: 20A7425
*NPI:* 1588765085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KWONG, WILSON T**
*Provider ID:* 84283
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A114763
*NPI:* 1134389653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAJOIE, ADRIANNE M , MD**
*Provider ID:* 269300
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 373-0211
*Fax:* (760) 635-5972
*After Hours Phone:* (858) 373-0211
*Provider Gender:* Female
*License number*: A84301
*NPI:* 1225253651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MENDLER, MICHEL H**
*Provider ID:* 210290
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Male
*License number*: A78316
*NPI:* 1134232051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MENDLER, MICHEL H**
*Provider ID:* 65247
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Male
*License number*: A78316
*NPI:* 1134232051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MITTAL, RAVINDER K**
*Provider ID:* 65255
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: C50204
*NPI:* 1376567255
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NGUYEN, NGHIA H**
*Provider ID:* 283295
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A144052
*NPI:* 1154718997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, NGHIA H**
*Provider ID:* 283296
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7423
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 657-7423
*Provider Gender:* Male
*License number*: A144052
*NPI:* 1154718997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PATEL, DEREK R**
*Provider ID:* 65008
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A69111
*NPI:* 1073538385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATTON, HEATHER M**
*Provider ID:* 65274
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A75284
*NPI:* 1396796124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIVERA NIEVES, JESUS**
*Provider ID:* 65030
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: C54808
*NPI:* 1437228079
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIVERA NIEVES, JESUS**
*Provider ID:* 65287
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: C54808
*NPI:* 1437228079
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANDBORN, WILLIAM J**
*Provider ID:* 65293
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: G63853
*NPI:* 1639157563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SAVIDES, THOMAS J**
*Provider ID:* 65048
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: G64139
*NPI:* 1588649081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAH, SHAILJA C**
*Provider ID:* 283897
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A125800
*NPI:* 1073803243
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAH, SHAILJA C**
*Provider ID:* 283898
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A125800
*NPI:* 1073803243
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TSAI, MATTHEW**
*Provider ID:* 252368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138084
*NPI:* 1285051177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TSAI, MATTHEW**
*Provider ID:* 252369
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138084
*NPI:* 1285051177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TSE, CHUNG S**
*Provider ID:* 282879
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A171036
*NPI:* 1417336215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TSE, CHUNG S**
*Provider ID:* 282880
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A171036
*NPI:* 1417336215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YANG, EDWARD**
*Provider ID:* 283163
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154057
*NPI:* 1437545654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YANG, EDWARD**
*Provider ID:* 283164
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154057
*NPI:* 1437545654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## GENETICS MEDICAL

**JONES, MARILYN C**
*Provider ID:* 202347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**JONES, MARILYN C**
*Provider ID:* 280121
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**SCIOSCIA, ANGELA L**
*Provider ID:* 65298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: G64765
*NPI:* 1902839335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ N**
*Provider ID:* 282165
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A102482
*NPI:* 1144486929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HEMATOLOGY / ONCOLOGY

**ASIMAKOPOULOS, FOTIOS A**
*Provider ID:* 246594
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A115772
*NPI:* 1518134923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BALL, EDWARD D**
*Provider ID:* 64405
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G84752
*NPI:* 1093740110
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BANERJEE, PUSHPENDU, MD**
*Provider ID:* 257619
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: A69490
*NPI:* 1164497855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BANERJEE, PUSHPENDU**
*Provider ID:* 54041
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:*
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: A69490
*NPI:* 1164497855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BAZHENOVA, LYUDMILA A**
*Provider ID:* 64408
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A76755
*NPI:* 1093791006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BEJAR, RAFAEL**
*Provider ID:* 64409
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A121394
*NPI:* 1720051493
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BOTTA, GREGORY P**
*Provider ID:* 242346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140495
*NPI:* 1881006955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOI, MICHAEL Y**
*Provider ID:* 64417
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 534-5620
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A100104
*NPI:* 1912181173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COHEN, EZRA**
*Provider ID:* 112498
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 534-3804
*Fax:*
*After Hours Phone:* (858) 534-3804
*Provider Gender:* Male
*License number*: C132549
*NPI:* 1518029065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DANIELS, GREGORY A**
*Provider ID:* 64422
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A92515
*NPI:* 1164480943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FANTA, PAUL T**
*Provider ID:* 64428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6135
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 822-6135
*Provider Gender:* Male
*License number*: A81637
*NPI:* 1467661496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLORES, EDNA I , MD**
*Provider ID:* 256366
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 830
LA JOLLA, CA 92037-1219
*Phone:* (858) 552-1410
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Female
*License number*: A114373
*NPI:* 1396994604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GOLD, KATHRYN A**
*Provider ID:* 109559
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-5182
*Fax:* (858) 534-6186
*After Hours Phone:* (858) 822-5182
*Provider Gender:* Female
*License number*: C139391
*NPI:* 1306909791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOODMAN, AARON M**
*Provider ID:* 121426
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A130400
*NPI:* 1851603559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOODMAN, AARON M**
*Provider ID:* 216894
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6200
*Fax:*
*After Hours Phone:* (858) 822-6200
*Provider Gender:* Male
*License number*: A130400
*NPI:* 1851603559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOPAL, SRILA**
*Provider ID:* 127731
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6276
*Fax:*
*After Hours Phone:* (858) 822-6276
*Provider Gender:* Female
*License number*: A151332
*NPI:* 1831323369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAMDAN, AYAD**
*Provider ID:* 241429
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3800-3899 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C162882
*NPI:* 1144431230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 128684
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 128685
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 128686
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 202662
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 202663
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEYMAN, BENJAMIN M**
*Provider ID:* 202664
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A157684
*NPI:* 1982995809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JAMIESON, CATRIONA H**
*Provider ID:* 64436
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6276
*Fax:*
*After Hours Phone:* (858) 822-6276
*Provider Gender:* Female
*License number*: A67419
*NPI:* 1841223617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KATO, SHU M**
*Provider ID:* 113897
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-3115
*Fax:*
*After Hours Phone:* (858) 822-3115
*Provider Gender:* Male
*License number*: A111322
*NPI:* 1609025865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KOURA, DIVYA T**
*Provider ID:* 83672
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6844
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A125774
*NPI:* 1053471318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KU, GRACE H**
*Provider ID:* 64444
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A92382
*NPI:* 1538145719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Uc Davis Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLARD, FREDERICK E**
*Provider ID:* 64454
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G52424
*NPI:* 1922056373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLARD, FREDERICK E**
*Provider ID:* 64454
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G52424
*NPI:* 1922056373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLARD, FREDERICK E**
*Provider ID:* 64454
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G52424
*NPI:* 1922056373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLARD, FREDERICK E**
*Provider ID:* 64454
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G52424
*NPI:* 1922056373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLER, AARON M**
*Provider ID:* 112346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-3115
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 822-3115
*Provider Gender:* Male
*License number*: A118116
*NPI:* 1104127679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MITCHELL, WILLIAM M**
*Provider ID:* 64455
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6352
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A92024
*NPI:* 1669634663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PARK, SOO J**
*Provider ID:* 257202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135455
*NPI:* 1821351198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PATEL, SANDIP P**
*Provider ID:* 88443
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 246-1915
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A110132
*NPI:* 1245481381
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PEARSE, WILLIAM B**
*Provider ID:* 285649
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173950
*NPI:* 1225423148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**RANDALL, JAMES M**
*Provider ID:* 64466
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A99468
*NPI:* 1144407115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RICHARDSON, ANGELIQUE E**
*Provider ID:* 215010
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123556
*NPI:* 1700120102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SACCO, ASSUNTINA G**
*Provider ID:* 110199
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6198
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A132120
*NPI:* 1871757831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWAB, RICHARD B**
*Provider ID:* 64476
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6200
*Fax:*
*After Hours Phone:* (858) 822-6200
*Provider Gender:* Male
*License number*: A76913
*NPI:* 1710900345
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SINCLAIR, JAMES M**
*Provider ID:* 54027
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: G48926

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*NPI:* 1356300230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEWART, TYLER F**
*Provider ID:* 243920
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A163409
*NPI:* 1699110676
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TANAKA, TIFFANY N**
*Provider ID:* 115252
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6276
*Fax:*
*After Hours Phone:* (858) 822-6276
*Provider Gender:* Female
*License number*: A119740
*NPI:* 1407159726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TZACHANIS, DIMITRIOS**
*Provider ID:* 102364
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6600
*Fax:*
*After Hours Phone:* (858) 822-6600
*Provider Gender:* Male
*License number*: C55514
*NPI:* 1528026002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Greek
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VU, PETER**
*Provider ID:* 272717
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149741
*NPI:* 1861810830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WALLACH, SABINA R , MD**
*Provider ID:* 269286
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 400
LA JOLLA, CA 92037-1212
*Phone:* (858) 558-8666
*Fax:* (858) 558-9233
*After Hours Phone:* (858) 558-8666
*Provider Gender:* Female
*License number*: A34070
*NPI:* 1871529081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HEPATOLOGY

**BARMAN, PRANAB M**
*Provider ID:* 241952
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A162554
*NPI:* 1023301991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARMAN, PRANAB M**
*Provider ID:* 241954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A162554
*NPI:* 1023301991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHARPTON, SUZANNE**
*Provider ID:* 245667
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-5273
*Fax:*
*After Hours Phone:* (800) 926-5273
*Provider Gender:* Female
*License number*: A123642
*NPI:* 1891084257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOSPICE AND PALLIATIVE MEDICINE**

**MESARWI, PAULA**
*Provider ID:* 118780
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: C144047
*NPI:* 1073722021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RUBENZIK, TAMARA T**
*Provider ID:* 245574
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOSPITALIST MD/DO**

**CHILDERS, DIANA J**
*Provider ID:* 275069
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A86157
*NPI:* 1033128376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHILDERS, DIANA J**
*Provider ID:* 275070
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A86157
*NPI:* 1033128376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FIRESTEIN, CATHERINE E**

*Provider ID:* 275388
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143013
*NPI:* 1427348382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAGGERTY, LAUREN E**
*Provider ID:* 291311
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 534-7792
*Fax:* (619) 471-9017
*After Hours Phone:* (858) 534-7792
*Provider Gender:* Female
*License number*: A164175
*NPI:* 1871090993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAMMOND, CHARLES F**
*Provider ID:* 278589
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169655
*NPI:* 1033641816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHINDO, YURI**
*Provider ID:* 284744
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A167796
*NPI:* 1700271939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INFECTIOUS DISEASE

**BENSON, CONSTANCE A**
*Provider ID:* 64814
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000

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*Provider Gender:* Female
*License number*: G87372
*NPI:* 1871541664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COWELL, ANNE N**
*Provider ID:* 117215
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6146
*Fax:*
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: A131119
*NPI:* 1639494420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOONEY, DAVID J**
*Provider ID:* 64959
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G67588
*NPI:* 1912955048
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAWLINGS, STEPHEN A**
*Provider ID:* 284362
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9500 GILMAN DR # 2069
LA JOLLA, CA 92093-5004
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146123
*NPI:* 1861888984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAVOIA, MARIA C**
*Provider ID:* 65049
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6146
*Fax:*
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: G36729
*NPI:* 1710903075
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

## INTERNAL MEDICINE
## CRITICAL CARE MEDICINE

**ALOTAIBI, MONA A**
*Provider ID:* 271480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A147271
*NPI:* 1174933915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOROK, ZEA**
*Provider ID:* 284703
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-5273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-5273
*Provider Gender:* Female
*License number*: A47911
*NPI:* 1750317251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ODISH, MAZEN F**
*Provider ID:* 271468
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A133179
*NPI:* 1992141428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROSE, ALEXANDRA**
*Provider ID:* 224832
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143518
*NPI:* 1033557525
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRAN, LINH N**
*Provider ID:* 271938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A122603
*NPI:* 1851682728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INTERNAL MEDICINE GERIATRIC MEDICINE

**BOULAND, DANIEL L**
*Provider ID:* 64820
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: G50358
*NPI:* 1669498630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Riverside Community Hosp, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE

**ABDELMALEK, JOSEPH A**
*Provider ID:* 83072
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A107185
*NPI:* 1740485531
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ABDELMALEK, JOSEPH A**
*Provider ID:* 83075
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A107185
*NPI:* 1740485531
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALLY, MARYANN T**
*Provider ID:* 117754
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: C146011
*NPI:* 1316104359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AMIRREZVANI, ALI**
*Provider ID:* 64798
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G88284
*NPI:* 1861485005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANG, LAWRENCE W**
*Provider ID:* 111110
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A115926
*NPI:* 1851529879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANG, LAWRENCE W**
*Provider ID:* 116100
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A115926
*NPI:* 1851529879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANTONUCCI, STEPHEN A**
*Provider ID:* 115618
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9185
*Fax:*
*After Hours Phone:* (619) 471-9185
*Provider Gender:* Male
*License number*: A143234
*NPI:* 1124331426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ARUTYUNOV, BORIS S**
*Provider ID:* 201909
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A137892
*NPI:* 1144562703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital, Good Samaritan Hospital Los Angeles, Sutter Medical Center Sacramento, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ASUDANI, DEEPAK G**
*Provider ID:* 64802
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A100515
*NPI:* 1548208812
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAJWA, JASWINDER P**
*Provider ID:* 64807
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A118049
*NPI:* 1306000922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAZICK, JESSICA G**
*Provider ID:* 64811
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A121356
*NPI:* 1114155082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BELL, JOHN F**
*Provider ID:* 64813
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A120667
*NPI:* 1699978445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLUESTEIN, HARRY G**
*Provider ID:* 65129
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8010
*Fax:*
*After Hours Phone:* (858) 657-8010
*Provider Gender:* Male
*License number*: G20053
*NPI:* 1295793024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BOLAND, BRIGID S**
*Provider ID:* 83242
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A111250
*NPI:* 1902069446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BORDIN-WOSK, TALYA S**
*Provider ID:* 273984
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (760) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (760) 471-9186
*Provider Gender:* Female
*License number*: A123772
*NPI:* 1801184973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BORDIN-WOSK, TALYA S**
*Provider ID:* 273985
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123772
*NPI:* 1801184973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BROWNE, SARA H**
*Provider ID:* 64829
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A51877
*NPI:* 1275571176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHACE, CONSTANCE R**
*Provider ID:* 117242
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A129086
*NPI:* 1154682953
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHENG, GEORGE Z**
*Provider ID:* 247640
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A166013
*NPI:* 1316174568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOE, CHARLES H**
*Provider ID:* 64732
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A77451
*NPI:* 1891733846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHOE, CHARLES H**

*Provider ID:* 65146
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:*
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Male
*License number*: A77451
*NPI:* 1891733846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHOUEIRI, MICHEL B**
*Provider ID:* 118666
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A117112
*NPI:* 1780991869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CLAY, BRIAN J**
*Provider ID:* 64850
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A83799
*NPI:* 1831124635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COSTELLO, CAITLIN L**
*Provider ID:* 64419
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A108322
*NPI:* 1760649230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DASHI, ARBEN**
*Provider ID:* 291394
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Male
*License number*: A119142
*NPI:* 1790055705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No

*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DJEKIC, KRISTINA**
*Provider ID:* 286669
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A15063
*NPI:* 1417343732
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EL KAREH, ROBERT E**
*Provider ID:* 64868
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9185
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9185
*Provider Gender:* Male
*License number*: A112957
*NPI:* 1497944656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FREDERICK, WILLIAM J**
*Provider ID:* 83442
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 471-9186
*Provider Gender:* Male
*License number*: A123614
*NPI:* 1841592805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GALANINA, NATALIE**
*Provider ID:* 112342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A121363
*NPI:* 1235372855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**GANDHI, NIKHIL R**
*Provider ID:* 64881
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A81799
*NPI:* 1609934538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Vibra Hospital Of San Diego, Ucsd Medical Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GELBERG, ANNA**
*Provider ID:* 285639
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A105308
*NPI:* 1104004258
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HANNA, LINDSAY D**
*Provider ID:* 284967
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95009601
*NPI:* 1699257907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HELSTEN, TERESA L**
*Provider ID:* 64431
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A71996
*NPI:* 1265408678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOGARTH, MICHAEL A**

*Provider ID:* 214385
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A51060
*NPI:* 1225019193
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HORMAN, SARAH F**
*Provider ID:* 64913
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A110036
*NPI:* 1861657744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HSU, JONATHAN C**
*Provider ID:* 83549
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A104474
*NPI:* 1629199195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HSU, JONATHAN C**
*Provider ID:* 83602
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (858) 657-8814
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A104474
*NPI:* 1629199195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, BRYAN J**
*Provider ID:* 64917
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: A87875
*NPI:* 1881652394
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUSAIN, HATIM**
*Provider ID:* 83605
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A99267
*NPI:* 1629234109
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IVANOV, MARGARET A**
*Provider ID:* 272876
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A156352
*NPI:* 1326427014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JABBOUR, MOUSSA**
*Provider ID:* 256658
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A148314
*NPI:* 1255741633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JENKINS, IAN H**
*Provider ID:* 64927
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: A87009
*NPI:* 1992762520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**KAFI, AARYA**
*Provider ID:* 271607
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A123008
*NPI:* 1255612339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAHN, ANDREW M**
*Provider ID:* 64929
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A78646
*NPI:* 1841247384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAHN, ANDREW M**
*Provider ID:* 65205
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A78646
*NPI:* 1841247384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KALUNIAN, KENNETH C**
*Provider ID:* 65206
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: G43645
*NPI:* 1346269990
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KATZ, YISRAEL**
*Provider ID:* 272937
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A158910
*NPI:* 1730507872
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOOLA, JEJO D**
*Provider ID:* 113846
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A122014
*NPI:* 1073775532
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KVIATKOVSKY, MILLA J**
*Provider ID:* 118158
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: 20A15453
*NPI:* 1366855355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KVIATKOVSKY, MILLA J**
*Provider ID:* 274002
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: 20A15453
*NPI:* 1366855355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KVIATKOVSKY, MILLA J**
*Provider ID:* 274004
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A15453
*NPI:* 1366855355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KWAK, KEVIN W**
*Provider ID:* 118238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A149375
*NPI:* 1033538632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAGO HERNANDEZ, CARLOS A**
*Provider ID:* 238623
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146029
*NPI:* 1558756270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAGO HERNANDEZ, CARLOS A**
*Provider ID:* 238624
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146029
*NPI:* 1558756270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAM, MICHAEL T**
*Provider ID:* 274409
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A141055
*NPI:* 1578974259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIPPMAN, SCOTT M**
*Provider ID:* 64446
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A37790
*NPI:* 1780780874
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOOMBA, ROHIT**
*Provider ID:* 65238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A98657
*NPI:* 1578593521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAJITHIA, AMIT R**
*Provider ID:* 255881
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C158025
*NPI:* 1801091459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARC AURELE, KRISHELLE L**
*Provider ID:* 118768
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 118770
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9888 GENESEE AVE
LA JOLLA, CA 92037-1205
*Phone:* (858) 626-4123
*Fax:*
*After Hours Phone:* (858) 626-4123
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARTINEZ, ARMANDO R**
*Provider ID:* 291422
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Male
*License number*: A164016
*NPI:* 1598261091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARTIN, LESLIE M**
*Provider ID:* 64970
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Female
*License number*: G79006
*NPI:* 1306895495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCGEHRIN, KEVIN M**
*Provider ID:* 256019
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140783
*NPI:* 1972913101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCLNTYRE, JONATHAN S**
*Provider ID:* 118235
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A149315
*NPI:* 1134462211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MIRACLE, CYNTHIA M**
*Provider ID:* 64747
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A82348
*NPI:* 1700976636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MULRONEY, CAROLYN M**
*Provider ID:* 64458
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A48368
*NPI:* 1215124664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MULRONEY, CAROLYN M**
*Provider ID:* 64458
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A48368
*NPI:* 1215124664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MULRONEY, CAROLYN M**
*Provider ID:* 64458
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A48368
*NPI:* 1215124664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MULRONEY, CAROLYN M**
*Provider ID:* 64458
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A48368
*NPI:* 1215124664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NOBARI, MATTHEW M**
*Provider ID:* 242034
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A145102
*NPI:* 1619140902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NOKES, BRANDON T**
*Provider ID:* 287581
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155580
*NPI:* 1487040051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ORR, JEREMY E**
*Provider ID:* 99608
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A111366
*NPI:* 1992940969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PARDEE, PERRIE E**
*Provider ID:* 101190
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A123826
*NPI:* 1578850988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, BARBARA A**
*Provider ID:* 122167
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 822-6200
*Fax:*
*After Hours Phone:* (858) 822-6200
*Provider Gender:* Female
*License number*: G49044
*NPI:* 1629093927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PARKER, BARBARA A**
*Provider ID:* 64464
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: G49044
*NPI:* 1629093927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATEL, KRUTI**
*Provider ID:* 276542
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C170176
*NPI:* 1043574262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PATEL, KRUTI**
*Provider ID:* 283318
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: C170176
*NPI:* 1043574262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PEDERSEN, BRIAN A**
*Provider ID:* 102051
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A117531
*NPI:* 1790913770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PETTUS, JEREMY H**
*Provider ID:* 127695
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A106382
*NPI:* 1225234982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POTOK, OLIVIA A**
*Provider ID:* 272707
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A141725
*NPI:* 1073951323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**QUARTAROLO, JENNIFER M**
*Provider ID:* 65020
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Female
*License number*: A96235
*NPI:* 1841213865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAISINGHANI, AJIT B**
*Provider ID:* 65281
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: G75914
*NPI:* 1831292796
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAMOS, PEDRO**
*Provider ID:* 65023
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A91945
*NPI:* 1861566366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REEVES, RYAN R**
*Provider ID:* 78121
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A108745
*NPI:* 1548440902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, ERIN G**
*Provider ID:* 64468
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A73308
*NPI:* 1902852767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RENARD, AYSEL**
*Provider ID:* 271843
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169429
*NPI:* 1225567456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUBIN, JOSHUA E**
*Provider ID:* 117221
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A120297
*NPI:* 1255610416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SASAKI, REID A**
*Provider ID:* 65047
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A112780
*NPI:* 1972817302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHULTZ, CHRISTINA Y**
*Provider ID:* 64742
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 100
LA JOLLA, CA 92037-1732
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A82421
*NPI:* 1396725701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Uc Davis Medical Ctr, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SEBASKY, MEGHAN M**
*Provider ID:* 273963
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A114146
*NPI:* 1538351408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEBASKY, MEGHAN M**
*Provider ID:* 273964
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A114146
*NPI:* 1538351408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEBASKY, MEGHAN M**
*Provider ID:* 65053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A114146
*NPI:* 1538351408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEGAR, SANDEEP**
*Provider ID:* 118191
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (617) 471-9186
*Fax:*
*After Hours Phone:* (617) 471-9186
*Provider Gender:* Male
*License number*: A149780
*NPI:* 1982017067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SELL, REBECCA E**
*Provider ID:* 84395
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A91947
*NPI:* 1568470672
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SEYMANN, GREGORY B**
*Provider ID:* 65057
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9198
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: A55150
*NPI:* 1710920442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAHATTO, LOBNA**
*Provider ID:* 129679
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A117647
*NPI:* 1477879906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAHATTO, LOBNA**
*Provider ID:* 201323
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A117647
*NPI:* 1477879906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 12AM-11:59PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAH, MITA M**
*Provider ID:* 64757
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A71739
*NPI:* 1194773010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SHATTIL, SANFORD J**
*Provider ID:* 64478
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male

*License number*: G22082
*NPI:* 1679530844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITHERMAN, KENTON O**
*Provider ID:* 65065
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G84563
*NPI:* 1205888724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITH, CHELSEY J**
*Provider ID:* 239921
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A126660
*NPI:* 1013264506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SWEISS, NATALIE**
*Provider ID:* 101289
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A107585
*NPI:* 1437387933
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAYLOR, DAVID S**
*Provider ID:* 274470
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169407
*NPI:* 1033572995
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TOROSIAN, KARO**
*Provider ID:* 269269
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: 20A12445
*NPI:* 1275822082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRAN, HAO A**
*Provider ID:* 110169
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A112846
*NPI:* 1891997078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VARUGHESE, JAY I**
*Provider ID:* 65084
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-8255
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A105937
*NPI:* 1447490230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VODKIN, IRINE E**
*Provider ID:* 102011
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A113664
*NPI:* 1861762619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VODKIN, IRINE E**
*Provider ID:* 102015
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: A113664
*NPI:* 1861762619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VOSKANIAN, NATALIE N**
*Provider ID:* 65317
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A100333
*NPI:* 1376721217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, ANGELA C**
*Provider ID:* 259536
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G62974
*NPI:* 1730133976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WINTERS, KATHRYN D**
*Provider ID:* 115620
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9185
*Fax:*
*After Hours Phone:* (619) 471-9185
*Provider Gender:* Female
*License number*: A141944
*NPI:* 1790128924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WITZTUM, JOSEPH L**
*Provider ID:* 65325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB (0912
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:*
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Male
*License number*: G29598
*NPI:* 1699791491
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WOODELL, TYLER B**
*Provider ID:* 127033
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6397
*Fax:*
*After Hours Phone:* (619) 543-6397
*Provider Gender:* Male
*License number*: A127833
*NPI:* 1528322393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WOOTEN, DARCY A**
*Provider ID:* 110397
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A114007
*NPI:* 1538495973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YADLAPATI, RENA H**
*Provider ID:* 238586
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113362
*NPI:* 1548597784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YADLAPATI, RENA H**
*Provider ID:* 238587
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113362
*NPI:* 1548597784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YANG, JENNY Z**
*Provider ID:* 283025
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A145538
*NPI:* 1346636453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZAYETS, STANISLAV**
*Provider ID:* 125320
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A141681
*NPI:* 1437313178
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZHANG, SHERRY S**
*Provider ID:* 272658
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158102
*NPI:* 1588198147
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## MATERNAL AND FETAL MEDICINE

**BALLAS, JERASIMOS**
*Provider ID:* 209561
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A112607
*NPI:* 1871767384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HULL, ANDREW D**
*Provider ID:* 209482
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: A53578
*NPI:* 1902862121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAURENT, LOUISE C**
*Provider ID:* 208639
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A80409
*NPI:* 1770532707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MELBER, DORA J**
*Provider ID:* 240599
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A147917
*NPI:* 1124413026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hungarian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOORE, THOMAS R**
*Provider ID:* 208642
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TARSA, MARYAM**
*Provider ID:* 209394
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A69894
*NPI:* 1295768638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TARSA, MARYAM**
*Provider ID:* 285854
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A69894
*NPI:* 1295768638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WOELKERS, DOUGLAS A**
*Provider ID:* 209383
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: G77134
*NPI:* 1013965748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WOLF, RICHARD B**
*Provider ID:* 209252
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A6028
*NPI:* 1497713846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas,

Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## NEONATAL / PERINATAL MEDICINE

**FERNANDEZ, ERIKA F**
*Provider ID:* 205765
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: C131691
*NPI:* 1881609337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marian Regional Medical Center, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 205894
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 206207
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 206209
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9888 GENESEE AVE
LA JOLLA, CA 92037-1205

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 626-4123
*Fax:* (760) 633-7998
*After Hours Phone:* (858) 626-4123
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MESTAN, KAREN K**
*Provider ID:* 285931
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: C173648
*NPI:* 1942253356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAMOS, CARLOS G**
*Provider ID:* 206062
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (619) 543-3812
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Male
*License number*: A91944
*NPI:* 1205047545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAJTI, ENIKO C**
*Provider ID:* 206170
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: A115973
*NPI:* 1649433103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**BOISKIN, MARK M**
*Provider ID:* 40762
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 810-8000
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 810-8000
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOISKIN, MARK M**
*Provider ID:* 40762
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOISKIN, MARK M , MD**
*Provider ID:* 40762
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CUNARD, ROBYN A**
*Provider ID:* 64733
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:* (858) 657-8066
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A55378
*NPI:* 1609983253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GABBAI, FRANCIS B**
*Provider ID:* 64735
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A45614
*NPI:* 1356356034
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARIMELLA, PRANAV S**
*Provider ID:* 110160
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A143549
*NPI:* 1477880102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IX, JOACHIM H**
*Provider ID:* 64740
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A77110
*NPI:* 1720017536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAKHERA, YOGITA, MD**
*Provider ID:* 109353
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Female
*License number*: A125173
*NPI:* 1083972483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAKHERA, YOGITA**
*Provider ID:* 109353
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312

LA JOLLA, CA 92037-1221
*Phone:* (858) 810-8000
*Fax:*
*After Hours Phone:* (858) 810-8000
*Provider Gender:* Female
*License number*: A125173
*NPI:* 1083972483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAKHERA, YOGITA**
*Provider ID:* 262128
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Female
*License number*: A125173
*NPI:* 1083972483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEHTA, RAVINDRA L**
*Provider ID:* 64746
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:* (858) 657-8558
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A48361
*NPI:* 1295818102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MULLANEY, SCOTT R**
*Provider ID:* 64750
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:* (619) 543-7368
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A65695
*NPI:* 1285742726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIFKIN, DENA E**
*Provider ID:* 64755
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732

*Phone:* (858) 657-8000
*Fax:* (858) 657-8558
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A109186
*NPI:* 1578519203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANCHEZ, AMBER P**
*Provider ID:* 64756
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (818) 657-8000
*Fax:*
*After Hours Phone:* (818) 657-8000
*Provider Gender:* Female
*License number*: A91770
*NPI:* 1700963907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANCHEZ, AMBER P**
*Provider ID:* 65040
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A91770
*NPI:* 1700963907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SINGH, PRABHLEEN**
*Provider ID:* 64759
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (858) 657-8000
*Fax:* (858) 657-8558
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A93789
*NPI:* 1235207234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**STEER, DYLAN L**
*Provider ID:* 257474
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A65604
*NPI:* 1437154978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps

Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEER, DYLAN L**
*Provider ID:* 262251
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A65604
*NPI:* 1437154978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEER, DYLAN L , MD**
*Provider ID:* 31399
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A65604
*NPI:* 1437154978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**STEER, DYLAN L**
*Provider ID:* 31399
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 810-8000
*Fax:* (858) 554-5152
*After Hours Phone:* (858) 810-8000
*Provider Gender:* Male
*License number*: A65604
*NPI:* 1437154978
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TOROSIAN, KARO**
*Provider ID:* 118749
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 810-8000
*Fax:*
*After Hours Phone:* (858) 810-8000
*Provider Gender:* Male
*License number*: 20A12445
*NPI:* 1275822082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TOROSIAN, KARO**
*Provider ID:* 262330
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: 20A12445
*NPI:* 1275822082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY

**BEVINS, ELIZABETH A**
*Provider ID:* 277726
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A145182
*NPI:* 1013395151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BLUMENFELD, ANDREW M**
*Provider ID:* 277503
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE # 505
LA JOLLA, CA 92037-1224
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A47863
*NPI:* 1164459913
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BREWER, JAMES B**
*Provider ID:* 65131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300

*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A89348
*NPI:* 1033144985
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, DILLON Y**
*Provider ID:* 259995
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:* (858) 249-5839
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Male
*License number*: A133170
*NPI:* 1841633914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COREY BLOOM, JODY P**
*Provider ID:* 65152
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:* (858) 657-8549
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Female
*License number*: G62847
*NPI:* 1053400093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COUGHLIN, DAVID G**
*Provider ID:* 240950
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A162063
*NPI:* 1740543784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ELLIS, RONALD J**
*Provider ID:* 65166
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:* (858) 657-8549
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: G70658
*NPI:* 1992763114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GALASKO, DOUGLAS R**
*Provider ID:* 65172
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:* (858) 657-8549
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: A45023
*NPI:* 1336197730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAAS, RICHARD H**
*Provider ID:* 65184
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB (0912
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A38555
*NPI:* 1700801867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HANNAWI, ANDREW P**
*Provider ID:* 284938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A153161
*NPI:* 1194179135
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HEMMEN, THOMAS M**
*Provider ID:* 65188
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A72645
*NPI:* 1902821945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**IRAGUIMADOZ, VICENTE J**
*Provider ID:* 246701
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: A31274
*NPI:* 1053326710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**IRAGUIMADOZ, VICENTE J**
*Provider ID:* 65199
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A31274
*NPI:* 1053326710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KANSAL, LEENA R**
*Provider ID:* 65207
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Female
*License number*: A99271
*NPI:* 1871759084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINKEL, REVERE P**
*Provider ID:* 83655
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: G89360
*NPI:* 1043325939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, DAVID J**
*Provider ID:* 246264
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124329

*NPI:* 1871884130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEGER, GABRIEL C**
*Provider ID:* 247609
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C155902
*NPI:* 1720367899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEYER, BRETT C**
*Provider ID:* 65249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A70903
*NPI:* 1316011265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NIELSEN, AMY C**
*Provider ID:* 277009
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 530
LA JOLLA, CA 92037-1213
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: 20A11494
*NPI:* 1730110529
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OLSON, SCOTT E**
*Provider ID:* 65270
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-1636
*Fax:*
*After Hours Phone:* (858) 657-1636
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OLSON, SCOTT E**
*Provider ID:* 65374
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PICCIONI, DAVID E**
*Provider ID:* 84330
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A100663
*NPI:* 1851542575
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**QAYOUMI, WALI Z**
*Provider ID:* 284369
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9500 GILMAN DR # 2069
LA JOLLA, CA 92093-5004
*Phone:* (858) 822-5881
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 822-5881
*Provider Gender:* Male
*License number*: A168429
*NPI:* 1093178220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**QAYOUMI, WALI Z**
*Provider ID:* 284371
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB
LA JOLLA, CA 92037-1300
*Phone:* (619) 284-3746
*Fax:* (888) 579-8781
*After Hours Phone:* (619) 284-3746
*Provider Gender:* Male
*License number*: A168429
*NPI:* 1093178220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAVITS, JOHN M**
*Provider ID:* 65283
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: G43695
*NPI:* 1396858965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHULTE, JESSICA D**
*Provider ID:* 284819
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (858) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A162688
*NPI:* 1467870576
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHTRAHMAN, MATTHEW**
*Provider ID:* 114340
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A108752
*NPI:* 1740440460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TECOMA, EVELYN S**
*Provider ID:* 65310
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Female
*License number*: G58138
*NPI:* 1174556518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TUSZYNSKI, MARK H**
*Provider ID:* 65314
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: G56665
*NPI:* 1669405007
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VIIRRE, ERIK S**
*Provider ID:* 65316
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8540
*Fax:* (858) 657-8549
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: G82354
*NPI:* 1093743601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, CHUNYANG T**
*Provider ID:* 285922
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 530
LA JOLLA, CA 92037-1213
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A105660
*NPI:* 1386890770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WIEGAND, SARAH E**
*Provider ID:* 284620
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16503
*NPI:* 1164818035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## NUCLEAR MEDICINE

**BELEZZUOLI, ERNEST V**
*Provider ID:* 64812
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Male

*License number*: G74168
*NPI:* 1083703805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOH, CARL K**
*Provider ID:* 64911
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Male
*License number*: G61309
*NPI:* 1962427682
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## OBSTETRICS / GYNECOLOGY

**ALPERIN, MARIANN**
*Provider ID:* 65116
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8737
*Fax:*
*After Hours Phone:* (858) 657-8737
*Provider Gender:* Female
*License number*: A102879
*NPI:* 1033266879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALVARADO, JORGE L**
*Provider ID:* 269564
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A139473
*NPI:* 1538588561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**AVERBACH, SARAH H**
*Provider ID:* 115249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6777
*Fax:* (619) 543-3703
*After Hours Phone:* (619) 543-6777
*Provider Gender:* Female
*License number*: A128990
*NPI:* 1700012457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsd Medical Ctr, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BINDER, PRATIBHA S**
*Provider ID:* 121153
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149945
*NPI:* 1174758031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BINDER, PRATIBHA S**
*Provider ID:* 273225
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149945
*NPI:* 1174758031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BONDRE, IOANA L**
*Provider ID:* 284310
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A171540
*NPI:* 1326579863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BONDRE, IOANA L**
*Provider ID:* 284311
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A171540
*NPI:* 1326579863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291323

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291324
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291334
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291335
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GABBY, LAURYN C**
*Provider ID:* 269691
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A151539
*NPI:* 1003330572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUPTA, PRATIMA**
*Provider ID:* 257546
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A832373
*NPI:* 1891749842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**
*Provider ID:* 278916
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 923-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 923-8273
*Provider Gender:* Male
*License number*: C169168
*NPI:* 1457662868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**
*Provider ID:* 278918
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C169168
*NPI:* 1457662868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEBERT, STEPHEN A**
*Provider ID:* 65187
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: G40602
*NPI:* 1730127069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**HOANG, MAI P**
*Provider ID:* 208295
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A130031
*NPI:* 1104143593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOM, MARIANNE S**
*Provider ID:* 242752
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146335
*NPI:* 1972047397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HULL, ANDREW D**
*Provider ID:* 65197
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A53578
*NPI:* 1902862121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KELLY, THOMAS F**
*Provider ID:* 65211
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: G60630
*NPI:* 1336203496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**KLEIN, DAVID A**
*Provider ID:* 271558
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155090
*NPI:* 1780073635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KLEIN, DAVID A**
*Provider ID:* 271559
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155090
*NPI:* 1780073635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**
*Provider ID:* 286230
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LUKACZ, EMILY S**
*Provider ID:* 83716
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MACKAY, GILLIAN**
*Provider ID:* 128454
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113346
*NPI:* 1770702177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MACKAY, GILLIAN**
*Provider ID:* 200964
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113346
*NPI:* 1770702177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEADOWS, AUDRA R**
*Provider ID:* 285739
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C171680
*NPI:* 1467585521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEADOWS, AUDRA R**
*Provider ID:* 285740
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C171680
*NPI:* 1467585521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEURICE, MARIELLE ERENDIRA LUCILLE**
*Provider ID:* 284267
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A159003
*NPI:* 1720510779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No

*Hospital Affiliation:* University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEURICE, MARIELLE ERENDIRA LUCILLE**
*Provider ID:* 284269
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A159003
*NPI:* 1720510779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOORE, THOMAS R**
*Provider ID:* 65259
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PINSON, KELSEY A**
*Provider ID:* 284285
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158192
*NPI:* 1841722485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PLAXE, STEVEN C**
*Provider ID:* 64465
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: G64817
*NPI:* 1942356795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RESNIK, JAMIE L**
*Provider ID:* 271535
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A66580
*NPI:* 1558310557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIES, MAUREEN C**
*Provider ID:* 125252
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A127234
*NPI:* 1750544516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIVAS, RENEE N**
*Provider ID:* 284295
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A173043
*NPI:* 1295263861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIVAS, RENEE N**
*Provider ID:* 284297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A173043
*NPI:* 1295263861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAENZ, CHERYL C**
*Provider ID:* 64472

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: G74647
*NPI:* 1396818134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANDOVAL, SELINA M**
*Provider ID:* 270561
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A167853
*NPI:* 1336599653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANDOVAL, SELINA M**
*Provider ID:* 270562
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A167853
*NPI:* 1336599653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUYAMA, JULIE A**
*Provider ID:* 284289
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172670
*NPI:* 1306372800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SU, HUI CHUN I**
*Provider ID:* 269338
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9350 CAMPUS POINT DR # LLC
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A110340
*NPI:* 1053466011
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SU, HUI CHUN I**
*Provider ID:* 65306
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A110340
*NPI:* 1053466011
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SWENSON, HELEN**
*Provider ID:* 126502
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A155774
*NPI:* 1952721243
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TARSA, MARYAM**
*Provider ID:* 65308
*Board Certified Specialty:* No
UCSD OB GYN MED GRP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A69894
*NPI:* 1295768638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMSON, SAMANTHA L**
*Provider ID:* 285173
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149038
*NPI:* 1689013468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMSON, SAMANTHA L**
*Provider ID:* 285175
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149038
*NPI:* 1689013468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TILFORD, SARAH A**
*Provider ID:* 126505
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A154086
*NPI:* 1194139766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOLOUBEYDOKHTI, TANNAZ**
*Provider ID:* 98884
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A134477
*NPI:* 1477846095
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEBER, AKILAH F**
*Provider ID:* 84962
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: C56035
*NPI:* 1760652713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WOELKERS, DOUGLAS A**
*Provider ID:* 65326
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8745
*Fax:*
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Male
*License number*: G77134
*NPI:* 1013965748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZHOU, BETH B**
*Provider ID:* 240066
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A162098
*NPI:* 1558748186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## ONCOLOGY MEDICAL

**BANERJEE, PUSHPENDU**
*Provider ID:* 54041
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: A69490
*NPI:* 1164497855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOLES, SARAH G**
*Provider ID:* 64411
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6196
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A82562
*NPI:* 1245391242
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**HOWELL, STEPHEN B**
*Provider ID:* 64435
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: G25869
*NPI:* 1114942802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCHALE, MICHAEL T**
*Provider ID:* 64450
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: G83172
*NPI:* 1508828179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, TONY R**
*Provider ID:* 64469
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: G76747
*NPI:* 1346323904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, TONY R**
*Provider ID:* 64469
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G76747
*NPI:* 1346323904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, TONY R**
*Provider ID:* 64469
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G76747
*NPI:* 1346323904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, TONY R**
*Provider ID:* 64469
*Board Certified Specialty:* No
UC SAN DIEGO CANCER CTR
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: G76747
*NPI:* 1346323904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SINCLAIR, JAMES M , MD**
*Provider ID:* 257002
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:* (858) 552-0929
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: G48926
*NPI:* 1356300230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SINCLAIR, JAMES M**
*Provider ID:* 54027
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 552-1410
*Fax:*
*After Hours Phone:* (858) 552-1410
*Provider Gender:* Male
*License number*: G48926
*NPI:* 1356300230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OPHTHALMOLOGY

**AFSHARI, NATALIE A**
*Provider ID:* 65332
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Female
*License number*: C51849
*NPI:* 1538126735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAXTER, SALLY L**
*Provider ID:* 272787
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Female
*License number*: A140952
*NPI:* 1912325184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5PM, SA 7:45AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEAZER, ALEX P**
*Provider ID:* 272802
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169030
*NPI:* 1942662168
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268757
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOKOSKY, JOHN E**
*Provider ID:* 84265
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
9834 GENESEE AVE STE 428
LA JOLLA, CA 92037-1264
*Phone:* (800) 765-2737
*Fax:*
*After Hours Phone:* (800) 765-2737
*Provider Gender:* Male
*License number*: G51651
*NPI:* 1245215748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BROWN, STUART I**
*Provider ID:* 65335
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 534-1342
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: C40767
*NPI:* 1356376347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BRUMMEL, KIRSTA L**
*Provider ID:* 240634
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A11590
*NPI:* 1003085481
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAMP, ANDREW S**
*Provider ID:* 111066
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A142062
*NPI:* 1326300377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHANG, TOM S , MD**
*Provider ID:* 270366
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Armenian, Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAO, DANIEL L**
*Provider ID:* 112325
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A130361
*NPI:* 1891011953
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHOPLIN, NEIL T**
*Provider ID:* 84263
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
9834 GENESEE AVE STE 428
LA JOLLA, CA 92037-1264
*Phone:* (800) 765-2737
*Fax:*
*After Hours Phone:* (800) 765-2737
*Provider Gender:* Male
*License number*: G57042
*NPI:* 1144205642
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CODEN, DANIEL J , MD**
*Provider ID:* 269295
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:* (858) 457-3010
*Provider Gender:* Male
*License number*: G57587
*NPI:* 1942317508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**
*Provider ID:* 257136
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A121431
*NPI:* 1770801540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FERREYRA, HENRY A**
*Provider ID:* 65341
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A77921
*NPI:* 1669497822

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FREEMAN, WILLIAM**
*Provider ID:* 65342
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: G51579
*NPI:* 1518983352
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARFF, KEVIN**
*Provider ID:* 239604
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160988
*NPI:* 1609258920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARFF, KEVIN**
*Provider ID:* 239605
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160988
*NPI:* 1609258920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOLDBAUM, MICHAEL H**
*Provider ID:* 65343
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: C32010
*NPI:* 1720157142
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOLLOGLY, HEIDRUN E , MD**
*Provider ID:* 269128
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GRANET, DAVID B**
*Provider ID:* 65344
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: G77597
*NPI:* 1982629036
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAW, WELDON W**
*Provider ID:* 65345
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-1849
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A60743
*NPI:* 1710945357
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HEICHEL, CHRISTOPHER W**
*Provider ID:* 65346
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-4846
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A75001
*NPI:* 1083667307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HO, JOSEPH**
*Provider ID:* 101278
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A137389
*NPI:* 1962766451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Desert Regional Med Ctr, Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUANG, ALEX A**
*Provider ID:* 65347
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A111999
*NPI:* 1821246141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Huntington Memorial Hospital, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIKKAWA, DON O**
*Provider ID:* 65349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 534-7859
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: G65447
*NPI:* 1932202371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KORN, BOBBY S**
*Provider ID:* 65350
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A81749
*NPI:* 1174551006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, JEFFREY E**
*Provider ID:* 65352

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-1849
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A97291
*NPI:* 1801943279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIU, XIONGFEI**
*Provider ID:* 239816
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A144438
*NPI:* 1497135156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LI, ALEXANDRIA L**
*Provider ID:* 272832
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A168107
*NPI:* 1841652864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269707
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269183
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:* (858) 457-3010
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOVAGHAR, MANSOOR**
*Provider ID:* 215055
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**NGUYEN, THAO P**
*Provider ID:* 65355
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 278-5393
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Female
*License number*: G81689
*NPI:* 1154352185
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NUDLEMAN, ERIC D**
*Provider ID:* 110388
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-1849
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A131592
*NPI:* 1154582575
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OZZELLO, DANIEL J**
*Provider ID:* 241983
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161485
*NPI:* 1073992731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERRY, ARTHUR C , MD**
*Provider ID:* 265703
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:* (858) 457-3010
*Provider Gender:* Male
*License number*: C37934
*NPI:* 1194832725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8AM-4:30PM, TU-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PRATT, STEVEN G , MD**
*Provider ID:* 269324
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (866) 333-7922
*Provider Gender:* Male
*License number*: G32379
*NPI:* 1407963044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROBBINS, SHIRA L**
*Provider ID:* 65359
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Female
*License number*: A78486
*NPI:* 1508814914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SAMUEL, MICHAEL A , MD**
*Provider ID:* 268596
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:* (858) 457-3010
*Provider Gender:* Male
*License number*: A83237
*NPI:* 1730175670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Huntington Memorial Hospital, Desert Regional Med Ctr, Eisenhower Medical Ctr, Pioneers Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAVINO, PETER J**
*Provider ID:* 65361
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: A29965
*NPI:* 1467451898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHONBACH, ETIENNE M**
*Provider ID:* 284432
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172673
*NPI:* 1073040580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SLIGHT, JOHN R**
*Provider ID:* 65363
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-1849
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: C25107
*NPI:* 1306971239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SONG, DELU**
*Provider ID:* 284425
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173049
*NPI:* 1437689536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TOPILOW, NICOLE**
*Provider ID:* 284348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A171573
*NPI:* 1215468376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VASILE, CRISTIANA G**
*Provider ID:* 115739
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 534-1625
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Female
*License number*: A122457
*NPI:* 1891002044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Romanian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEINREB, ROBERT N**
*Provider ID:* 65366
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: G33398
*NPI:* 1093764177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WELSBIE, DEREK S**
*Provider ID:* 112328
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:*
*After Hours Phone:* (858) 534-6290
*Provider Gender:* Male
*License number*: C143481
*NPI:* 1588869945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WU, CHRIS Y**
*Provider ID:* 239582
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161633
*NPI:* 1265829345
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Santa Barbara Cottage

Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## OSTEOPATHIC MANIPULATIVE THERAPY

**PORTERA, ARIEL M**
*Provider ID:* 273320
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16832
*NPI:* 1841721784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## OTOLARYNGOLOGY

**BRUMUND, KEVIN T**
*Provider ID:* 65134
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8591
*Fax:*
*After Hours Phone:* (858) 657-8591
*Provider Gender:* Male
*License number*: A91099
*NPI:* 1033193669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHANG, ANGELA A**
*Provider ID:* 269308
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9834 GENESEE AVE STE 111
LA JOLLA, CA 92037-1214
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Female
*License number*: A100380
*NPI:* 1730382318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DECONDE, ADAM S**
*Provider ID:* 97546
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-8590
*Fax:* (858) 657-8682
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A110107
*NPI:* 1588988919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DECONDE, ADAM S**
*Provider ID:* 97547
*Board Certified Specialty:* Yes
UCSD OTOLARYNGOLOGY
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8590
*Fax:* (858) 657-8682
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A110107
*NPI:* 1588988919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GREENE, JACQUELINE J**
*Provider ID:* 272958
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR # LLA
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A161242
*NPI:* 1144583931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WATSON, DEBORAH**
*Provider ID:* 65322
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: G79374
*NPI:* 1346270816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEISMAN, ROBERT A**
*Provider ID:* 64491
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: G28603
*NPI:* 1346293958
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEISMAN, ROBERT A**
*Provider ID:* 65323
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: G28603
*NPI:* 1346293958
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEISSBROD, PHILIP A**
*Provider ID:* 64492
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A118221
*NPI:* 1366590853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEISSBROD, PHILIP A**
*Provider ID:* 65324
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A118221
*NPI:* 1366590853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YAN, CAROL H**
*Provider ID:* 242138
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLA
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: A149042
*NPI:* 1619237260
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PATHOLOGY ANATOMIC

**DATNOW, BRIAN**
*Provider ID:* 275738
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A31095
*NPI:* 1609832633
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FADARE, OLUWOLE**
*Provider ID:* 275706
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C131462
*NPI:* 1619955804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FERGUSON, COLE J**
*Provider ID:* 274458
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (629) 543-2827
*Fax:* (888) 539-8781
*After Hours Phone:* (629) 543-2827
*Provider Gender:* Male
*License number*: A170171
*NPI:* 1134550643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FERGUSON, COLE J**
*Provider ID:* 275700
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170171
*NPI:* 1134550643
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HANSEN, LAWRENCE A**
*Provider ID:* 275768
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G62538
*NPI:* 1760407498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARAST, MANA M**
*Provider ID:* 275889
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A102496
*NPI:* 1629163100
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PATEL, CHARMI**
*Provider ID:* 259112
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C146702
*NPI:* 1730389362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POWELL, HENRY C**
*Provider ID:* 275779
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A25597
*NPI:* 1295778348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VALASEK, MARK A**
*Provider ID:* 275837
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A127165
*NPI:* 1588808448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WONG, RICHARD L**
*Provider ID:* 275815
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A136239
*NPI:* 1275084295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PATHOLOGY CLINICAL

**KELNER, MICHAEL J**
*Provider ID:* 275735
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G48254
*NPI:* 1174679849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE DZUNG, THE**
*Provider ID:* 275733
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9444 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G71291
*NPI:* 1770526931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PEDIATRIC RADIOLOGY

**PUGMIRE, BRIAN S**
*Provider ID:* 285402
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138998
*NPI:* 1609190578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PEDIATRICS

**BAI-TONG, SHIYU S**

*Provider ID:* 283287
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: A155419
*NPI:* 1528454188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FERNANDEZ, ERIKA F**
*Provider ID:* 117520
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: C131691
*NPI:* 1881609337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Marian Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 117315
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GREENBERG, MARK**
*Provider ID:* 64888
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5720
*Fax:*
*After Hours Phone:* (619) 543-5720
*Provider Gender:* Male
*License number*: G63733
*NPI:* 1710906375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JONES, MARILYN C**
*Provider ID:* 65203

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**JONES, MARILYN C**
*Provider ID:* 83641
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LONGHURST, CHRISTOPHER A**
*Provider ID:* 269432
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A80051
*NPI:* 1639238462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAMOS, CARLOS G**
*Provider ID:* 117366
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Male
*License number*: A91944
*NPI:* 1205047545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAJTI, ENIKO C**
*Provider ID:* 117480
*Board Certified Specialty:* No
RADY CHILDRENS

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SPECIALISTS SAN DIEGO MED FNDTN
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: A115973
*NPI:* 1649433103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STRAIT, MARIE I**
*Provider ID:* 273472
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-5800
*Fax:*
*After Hours Phone:* (858) 249-5800
*Provider Gender:* Female
*License number*: C167351
*NPI:* 1669633012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**CHEN, JEFFREY L**
*Provider ID:* 124633
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-6035
*Fax:*
*After Hours Phone:* (858) 657-6035
*Provider Gender:* Male
*License number*: A102762
*NPI:* 1811183700
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, JEFFREY L**
*Provider ID:* 65143
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A102762
*NPI:* 1811183700
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KASENDORF, ROGER A**
*Provider ID:* 209021
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9834 GENESEE AVE STE 221
LA JOLLA, CA 92037-1215
*Phone:* (858) 558-1275
*Fax:* (858) 244-0152
*After Hours Phone:* (858) 558-1275
*Provider Gender:* Male

*License number*: 20A12928
*NPI:* 1356371884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LE, JOAN T**
*Provider ID:* 243379
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A99391
*NPI:* 1447460050
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## PHYSICIANS ASSISTANT

**AINSWORTH, DELISSA M**
*Provider ID:* 243366
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA53570
*NPI:* 1750734893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ALBRIGHT, KELSEY A**
*Provider ID:* 284764
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57996
*NPI:* 1235653148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ARMEEN, GARY P**
*Provider ID:* 247036
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA21505
*NPI:* 1760774863

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOYD, LISA N**
*Provider ID:* 217650
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA20326
*NPI:* 1871859421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRUECKNER, TAMMIE N**
*Provider ID:* 255557
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57558
*NPI:* 1407212376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUSCHING, MICHELLE M**
*Provider ID:* 124951
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: PA54908
*NPI:* 1720598808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHERRY, REENA W**
*Provider ID:* 243349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57026
*NPI:* 1689729683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHERRY, REENA W**
*Provider ID:* 269494
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57026
*NPI:* 1689729683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COOKISH, DAVID A**
*Provider ID:* 286591
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA56764
*NPI:* 1215338884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CRIPE, TAYLOR M**
*Provider ID:* 210983
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA56367
*NPI:* 1659827087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DANESHVAR, ABRAHAM D**
*Provider ID:* 103064
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: PA52905
*NPI:* 1245359140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DANESHVAR, ABRAHAM D**
*Provider ID:* 103064
*Board Certified Specialty:* No

BALBOA NEPHROLOGY MED GRP INC
9834 GENESEE AVE STE 312
LA JOLLA, CA 92037-1221
*Phone:* (858) 499-1900
*Fax:*
*After Hours Phone:* (858) 499-1900
*Provider Gender:* Male
*License number*: PA52905
*NPI:* 1245359140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DEMASCO, MICHAEL A**
*Provider ID:* 278969
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA56677
*NPI:* 1467926295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEMOOR, PATRICIA A**
*Provider ID:* 212879
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA17504
*NPI:* 1477721702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DENEVAN, ANDREW J**
*Provider ID:* 83353
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: PA23100
*NPI:* 1811324726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOUGHERTY, CLARA, NPA**
*Provider ID:* 269170
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-9944
*Fax:* (858) 429-7925
*After Hours Phone:* (858) 453-9944
*Provider Gender:* Female
*License number*: PA17439
*NPI:* 1609987619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOUGHERTY, CLARA**
*Provider ID:* 56019
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:*
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Female
*License number*: PA17439
*NPI:* 1609987619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GAIDADJIEV, TEODORA**
*Provider ID:* 245349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA53021
*NPI:* 1235502162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALTER, KENNETH N**
*Provider ID:* 102098
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2C
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6035
*Fax:*
*After Hours Phone:* (858) 657-6035
*Provider Gender:* Male
*License number*: PA22613
*NPI:* 1053745059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HARRIS, CHRISTINA V**
*Provider ID:* 104661
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: PA51525
*NPI:* 1720053846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HASEGAWA, CHRIS**
*Provider ID:* 247205

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA56884
*NPI:* 1225698962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIGGINS, JOSHUA B**
*Provider ID:* 287135
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 200
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA20471
*NPI:* 1861624181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIGGINS, JOSHUA B**
*Provider ID:* 287136
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA20471
*NPI:* 1861624181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUNTER, JACOB A**
*Provider ID:* 279334
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 826-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 826-8273
*Provider Gender:* Male
*License number*: PA54452
*NPI:* 1114459765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUNTER, JACOB A**
*Provider ID:* 287450
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLA
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA54452
*NPI:* 1114459765
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LA COSTA, RACHEL**
*Provider ID:* 256848
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57139
*NPI:* 1831514322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIN, JESSICA C**
*Provider ID:* 110357
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA23003
*NPI:* 1437598695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIN, JOYCE**
*Provider ID:* 265146
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 888-9268
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 888-9268
*Provider Gender:* Female
*License number*: PA57821
*NPI:* 1427681022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Taiwanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIN, JOYCE**
*Provider ID:* 265147
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 554-1212
*Fax:* (858) 554-1222
*After Hours Phone:* (858) 554-1212
*Provider Gender:* Female
*License number*: PA57821
*NPI:* 1427681022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Taiwanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LUONG, TRAN H**
*Provider ID:* 279014
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA54061
*NPI:* 1821532292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LUONG, TRAN H**
*Provider ID:* 279015
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA54061
*NPI:* 1821532292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCADAMS, JOSEPH**
*Provider ID:* 280612
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA58420
*NPI:* 1104371251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCCAIN, JULIA A**
*Provider ID:* 103168
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: PA52127
*NPI:* 1679805022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MERRILL, COREY M**
*Provider ID:* 258039
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Male
*License number*: PA56995
*NPI:* 1386032308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OKADA, MICHELLE R**
*Provider ID:* 278016
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA58603
*NPI:* 1497129860
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OKADA, MICHELLE R**
*Provider ID:* 278017
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA58603
*NPI:* 1497129860
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OROSCO, HEATHER R**
*Provider ID:* 99616
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: PA23124
*NPI:* 1215139373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PERREAULT, MARK R**
*Provider ID:* 283583
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA57736
*NPI:* 1356749451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERREAULT, MARK R**
*Provider ID:* 283584
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA57736
*NPI:* 1356749451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SACKNOFF, STEFANIE S**
*Provider ID:* 242084
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA51280
*NPI:* 1720418833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**SANCHEZ, MICHAEL R**
*Provider ID:* 206907
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8939 VILLA LA JOLLA DR STE 110
LA JOLLA, CA 92037-1732
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA55472
*NPI:* 1184135006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHWARTZEL, KEVIN N**
*Provider ID:* 214276
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8910 VILLA LA JOLLA DR # 100
LA JOLLA, CA 92037-1701
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA53888
*NPI:* 1104277847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 8AM-8PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAUL, SHERA M**
*Provider ID:* 247975
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA56786
*NPI:* 1336659507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAUL, SHERA M**
*Provider ID:* 247976
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8373
*Fax:*
*After Hours Phone:* (800) 926-8373
*Provider Gender:* Female
*License number*: PA56786
*NPI:* 1336659507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STALLINGS, ANDREA M**
*Provider ID:* 101020
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: PA16540
*NPI:* 1972595478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUTTON, BRIAN C**
*Provider ID:* 90352
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA18573
*NPI:* 1629174727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TESFAI, HELEN S**
*Provider ID:* 277072
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (800) 926-8273
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA54848
*NPI:* 1942724042
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TOLEDO, SILVA P**
*Provider ID:* 115851
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-3115
*Fax:* (858) 822-6186
*After Hours Phone:* (858) 822-3115
*Provider Gender:* Female
*License number*: PA15199
*NPI:* 1063464022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TORNG, SHERRY S**
*Provider ID:* 109646
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: PA52556
*NPI:* 1427439652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TRAUTMAN, AMY L**
*Provider ID:* 104653
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: PA51673
*NPI:* 1235412503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**UPTON, JACQUELINE M**
*Provider ID:* 84939
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: PA21933
*NPI:* 1295704328
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEIR, JACQUELINE R**
*Provider ID:* 278202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (800) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female

*License number*: PA21646
*NPI:* 1932494499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZANZUCCHI, AUDREY E**
*Provider ID:* 253254
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Female
*License number*: PA54479
*NPI:* 1265960256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZANZUCCHI, AUDREY E**
*Provider ID:* 253255
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-7876
*Fax:*
*After Hours Phone:* (858) 657-7876
*Provider Gender:* Female
*License number*: PA54479
*NPI:* 1265960256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PULMONARY DISEASES

**AFSHAR, KAMYAR**
*Provider ID:* 102310
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: 20A8875
*NPI:* 1407050669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AKUTHOTA, PRAVEEN**
*Provider ID:* 102056
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: C137976
*NPI:* 1396704698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CONRAD, DOUGLAS J**
*Provider ID:* 65150
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: G63104
*NPI:* 1780605378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CROUCH, DANIEL R**
*Provider ID:* 110338
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7105
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7105
*Provider Gender:* Male
*License number*: A116727
*NPI:* 1710182423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELMARAACHLI, WAEL**
*Provider ID:* 83403
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A106280
*NPI:* 1366468969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELMARAACHLI, WAEL**
*Provider ID:* 83404
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (858) 657-7107
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A106280
*NPI:* 1366468969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELMARAACHLI, WAEL**
*Provider ID:* 83407
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # C
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A106280
*NPI:* 1366468969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FERNANDES, TIMOTHY M**
*Provider ID:* 83427
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A112514
*NPI:* 1669680757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FERNANDES, TIMOTHY M**
*Provider ID:* 83428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (858) 657-7107
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A112514
*NPI:* 1669680757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IBRAHIM, ISLAM M**
*Provider ID:* 64920
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7125
*Fax:*
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Male
*License number*: C54272
*NPI:* 1962586917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Temecula Valley Hospital Inc, Long Beach Memorial Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JOSHUA, JISHA K**
*Provider ID:* 238060
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144956
*NPI:* 1023436417

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Malayalam
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KERR, KIM M**
*Provider ID:* 63756
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7140
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7140
*Provider Gender:* Female
*License number*: G68491
*NPI:* 1982647392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIM, HYONG S**
*Provider ID:* 65213
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 1D
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7100
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7100
*Provider Gender:* Male
*License number*: A65876
*NPI:* 1598780066
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIANG, NI CHENG**
*Provider ID:* 83702
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Female
*License number*: A98510
*NPI:* 1760666945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LI, JINGHONG**
*Provider ID:* 83696
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LI, JINGHONG**
*Provider ID:* 83697
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MAGANA, MARISA M**
*Provider ID:* 65243
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A94464
*NPI:* 1194856286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MALHOTRA, ATUL**
*Provider ID:* 83979
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6485
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-6485
*Provider Gender:* Male
*License number*: C55949
*NPI:* 1982695169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OWENS, ROBERT L**
*Provider ID:* 110222
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7105
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7105
*Provider Gender:* Male
*License number*: C131174
*NPI:* 1972589265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAPAMATHEAKIS, DEMOSTHENES G**
*Provider ID:* 65272
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (619) 543-6886
*Fax:* (619) 543-7352
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A101188
*NPI:* 1326168600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAPAMATHEAKIS, DEMOSTHENES G**
*Provider ID:* 65375
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (619) 543-7352
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A101188
*NPI:* 1326168600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PERALTA-AVILA, ANGEL R**
*Provider ID:* 291402
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Male
*License number*: C175635
*NPI:* 1326354937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POCH, DAVID S**
*Provider ID:* 65014
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6303
*Fax:* (858) 657-7107
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Male
*License number*: A107956
*NPI:* 1598955668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POCH, DAVID S**
*Provider ID:* 65277
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:* (858) 657-8723
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Male
*License number*: A107956
*NPI:* 1598955668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUNWOO, BERNIE Y**
*Provider ID:* 118883
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A138242
*NPI:* 1336294107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIATION ONCOLOGY

**BRUGGEMAN, ANDREW R**
*Provider ID:* 243627
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A126549
*NPI:* 1790049591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**MACEWAN, IAIN J**
*Provider ID:* 205873
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-4048
*Fax:*
*After Hours Phone:* (858) 822-4048
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**MACEWAN, IAIN J**
*Provider ID:* 205874
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3800-3899 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-4048
*Fax:*
*After Hours Phone:* (858) 822-4048
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**MACEWAN, IAIN J , MD**
*Provider ID:* 255729
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-4048
*Fax:*
*After Hours Phone:* (858) 822-4048
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**MAYADEV, JYOTI S , MD**
*Provider ID:* 269884
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (916) 734-8269
*Fax:* (858) 822-6080
*After Hours Phone:* (916) 734-8269
*Provider Gender:* Female
*License number*: A109372
*NPI:* 1902906902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MELL, LOREN K , MD**
*Provider ID:* 269944
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Male
*License number*: A104704
*NPI:* 1316119704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MURPHY, KEVIN T , MD**
*Provider ID:* 269865
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6046
*Fax:*
*After Hours Phone:* (858) 822-6046
*Provider Gender:* Male
*License number*: A82350
*NPI:* 1730104167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Palomar Health Downtown Campus, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSE, BRENT S , MD**
*Provider ID:* 269874
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (619) 341-3899
*Fax:*
*After Hours Phone:* (619) 341-3899
*Provider Gender:* Male
*License number*: A142735
*NPI:* 1518250869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SANGHVI, PARAG R , MD**
*Provider ID:* 270038
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (619) 230-0400
*Fax:*
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SANGHVI, PARAG R**
*Provider ID:* 64475
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (760) 738-7576
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SHARABI, ANDREW B , MD**
*Provider ID:* 269862
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (619) 543-1899
*Fax:*
*After Hours Phone:* (619) 543-1899
*Provider Gender:* Male
*License number*: A136977
*NPI:* 1043531213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SIMPSON, DANIEL R , MD**
*Provider ID:* 269852
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6040
*Fax:* (858) 822-6080
*After Hours Phone:* (858) 822-6040
*Provider Gender:* Male
*License number*: A118377
*NPI:* 1689974883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## RADIOLOGY DIAGNOSTIC X-RAY

**ALLEN, DERRICK R**
*Provider ID:* 125990
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268361
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, GREGORY S**
*Provider ID:* 125984
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ARYAFAR, HAMED**
*Provider ID:* 64801
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A99187
*NPI:* 1093963605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAHADOR, FARSHAD M**
*Provider ID:* 104325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A129414
*NPI:* 1730316928
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125993
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BERGMAN, ERIK W**
*Provider ID:* 125003
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: C153284
*NPI:* 1043291073

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126006
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BRADLEY, WILLIAM R**
*Provider ID:* 271434
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A167142
*NPI:* 1780066803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BROUHA, SHARON S**
*Provider ID:* 64827
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A91973
*NPI:* 1356554323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUCKLEY, DAVID W**
*Provider ID:* 243265
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUI, KEVIN T**
*Provider ID:* 280519
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A134576
*NPI:* 1578906186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASOLA, GIOVANNA**
*Provider ID:* 64835
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G51575
*NPI:* 1790721256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHANG, ERIC Y**
*Provider ID:* 64839
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A97139
*NPI:* 1376756353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, JAMES Y**
*Provider ID:* 64416
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A108635
*NPI:* 1427250588
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, JAMES Y**
*Provider ID:* 64842
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A108635
*NPI:* 1427250588
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, KAREN C**
*Provider ID:* 64843
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A110719
*NPI:* 1437377710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHOU, ERIC T**
*Provider ID:* 126016
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHUNG, CHRISTINE B**
*Provider ID:* 64848
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A65414
*NPI:* 1528033560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COOPER, JAMES A**
*Provider ID:* 126041
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DE GUZMAN, JADE Q**
*Provider ID:* 64423
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A102678
*NPI:* 1801089065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DE GUZMAN, JADE Q**
*Provider ID:* 64856
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A102678
*NPI:* 1801089065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOEMENY, JOHN M**
*Provider ID:* 126048
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DORROS, STEPHEN M**
*Provider ID:* 64861
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G29061
*NPI:* 1942319959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DWEK, JERRY R**
*Provider ID:* 64866
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G86073
*NPI:* 1558335695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EGHTEDARI, MOHAMMAD**
*Provider ID:* 110349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A114372
*NPI:* 1740548734
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EVORA, DARRYL K**
*Provider ID:* 64871
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G76577
*NPI:* 1790751188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FARID, NIKDOKHT**
*Provider ID:* 64875
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A94195
*NPI:* 1205151172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FIROOZNIA, NILOFAR**
*Provider ID:* 126170
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FLISZAR, EVELYNE**
*Provider ID:* 64877
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A60712
*NPI:* 1164449955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FORCIER, NANCY J**
*Provider ID:* 286955
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G72420
*NPI:* 1497721724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Providence

Mission Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FOWLER, KATHRYN J**
*Provider ID:* 201290
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C154877
*NPI:* 1255457941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 12AM-11:59PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FRANKE, MARK A**
*Provider ID:* 126054
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120848
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120855
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GENTILI, AMILCARE**
*Provider ID:* 64882
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A44208
*NPI:* 1922086594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GRISSOM, MURRAY J**
*Provider ID:* 271568
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A147782
*NPI:* 1720465396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUO, YUEYANG**
*Provider ID:* 291341
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132313
*NPI:* 1033542006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAHN, MICHAEL E**
*Provider ID:* 98503
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119409
*NPI:* 1356573992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**HANDWERKER, JASON**
*Provider ID:* 98759
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A114704
*NPI:* 1316166630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HANSEN, ROBERT B**
*Provider ID:* 113853
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Male
*License number*: A97152
*NPI:* 1972643906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* George L Mee Memorial Hosp, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc, St Josephs Med Center Of Stockton, Memorial Hospital Med Ctr, John C Fremont Hospital, Mountains Community Hosp, Lodi Memorial Hospital, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HARMAN, SCOTT A**
*Provider ID:* 126067
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**HAUSCHILDT, JOHN P**
*Provider ID:* 64902
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G76429
*NPI:* 1922072099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HILLER, LUCAS P**
*Provider ID:* 64907
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91321
*NPI:* 1417160474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HSIAO, ALBERT**
*Provider ID:* 117381
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:* (858) 657-6686
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A105882
*NPI:* 1457546244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, BRADY K**
*Provider ID:* 64916
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A108832
*NPI:* 1407860299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUGHES, TUDOR H**
*Provider ID:* 64918
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A83748
*NPI:* 1932187127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**IMBESI, STEVEN G**
*Provider ID:* 64923
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G79078
*NPI:* 1891710554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ISHIOKA, KEVIN M**
*Provider ID:* 83631
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A93286
*NPI:* 1437362498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**
*Provider ID:* 126079
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**KARIMI, AFSHIN**
*Provider ID:* 64934
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A96518
*NPI:* 1952511214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc, Scripps Green Hospital, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, University Of California Irvine Med Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAROW, DAVID S**
*Provider ID:* 64439
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A96935
*NPI:* 1932490703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAROW, DAVID S**
*Provider ID:* 64935
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A96935
*NPI:* 1932490703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KHANNA, PARITOSH**
*Provider ID:* 64442
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: C54827
*NPI:* 1568572832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KHANNA, PARITOSH**
*Provider ID:* 64938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: C54827
*NPI:* 1568572832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIKOLSKI, STEVEN G**
*Provider ID:* 64939
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A106307
*NPI:* 1063647485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINNEY, THOMAS B**
*Provider ID:* 64941
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G64176
*NPI:* 1992732671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINNE, ERICA L**
*Provider ID:* 83294
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A110179
*NPI:* 1487803946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KRUK, PETER G**
*Provider ID:* 64948
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A96070
*NPI:* 1366480634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Grossmont Hospital,

Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LADD, WILLIAM A**
*Provider ID:* 64949
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G63024
*NPI:* 1063463230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LECOMTE, MATTHEW D**
*Provider ID:* 283488
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171824
*NPI:* 1508210683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEE, ROLAND R**
*Provider ID:* 64954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G57800
*NPI:* 1639190028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIM, VIVIAN**
*Provider ID:* 125929
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Female
*License number*: G58509
*NPI:* 1295796753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 126092
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LUBISICH, JOHN P**
*Provider ID:* 126098
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MAFEE, MAHMOOD F**
*Provider ID:* 64965
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A31751
*NPI:* 1356431373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAREK BYKOWSKI, JULIE L**
*Provider ID:* 64969
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A96803
*NPI:* 1699988667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 117245
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 118375
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MISRA, CHANDAN**
*Provider ID:* 118480
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A146108
*NPI:* 1821356825
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOFFIT, BRIAN J**
*Provider ID:* 126119
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MURPHY, PAUL M**
*Provider ID:* 118360
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A123586
*NPI:* 1295050946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAHEEDY, JOHN H**
*Provider ID:* 64461
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A99832
*NPI:* 1760695761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAHEEDY, JOHN H**
*Provider ID:* 64991
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A99832
*NPI:* 1760695761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NEWTON, ISABEL G**
*Provider ID:* 84301
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A108128
*NPI:* 1306068697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NEWTON, ISABEL G**
*Provider ID:* 84302
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: A108128
*NPI:* 1306068697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NORBASH, ALEXANDER M**
*Provider ID:* 125637
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: G62865
*NPI:* 1790752269
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBOYLE, MARY K**
*Provider ID:* 64998
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G73501
*NPI:* 1568487999
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBRZUT, SEBASTIAN**
*Provider ID:* 64999
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A85028
*NPI:* 1083714398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OJEDA-FOURNIER, HAYDEE**
*Provider ID:* 65000
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A99462
*NPI:* 1871537191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OLOUGHLIN, BRIAN J**
*Provider ID:* 126125
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 7AM-8PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 126131
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**PAKBAZ, RAMIN S**
*Provider ID:* 64463
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A73947
*NPI:* 1811072457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sutter Roseville Medical Center, Mercy General Hospital, Mercy San Juan Medical Center, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAKBAZ, RAMIN S**
*Provider ID:* 65005
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A73947
*NPI:* 1811072457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sutter Roseville Medical Center, Mercy General Hospital, Mercy San Juan Medical Center, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATHRIA, MINI N**
*Provider ID:* 65011
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A43771
*NPI:* 1699739318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATIL, AMOL A**
*Provider ID:* 98854
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A133973
*NPI:* 1225355720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Sierra Vista Regional Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Goleta Valley Cottage Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PRETORIUS, DOLORES H**
*Provider ID:* 65018
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: C39102
*NPI:* 1902839418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RESNICK, DONALD L**
*Provider ID:* 65026
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:* (858) 657-6686
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: G18577
*NPI:* 1164450938
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIAD, SHAREEF M**
*Provider ID:* 65027
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Male
*License number*: A106536
*NPI:* 1417111477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Medical Center, West Hills Hospital Medical Center, Salinas Valley Memorial Hosp, Riverside Community Hosp, Parkview Community Hospital Medical Center, St Bernardine Med Ctr, Community Hosp Of San Bernardino, Kindred Hospital Ontario, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RICHMAN, KATHERINE M**
*Provider ID:* 65028
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: G80333
*NPI:* 1992898993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTS, ANNE C**
*Provider ID:* 65032
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: G58654
*NPI:* 1669497996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROMINE, LORENE E**
*Provider ID:* 65033
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A87658
*NPI:* 1720209786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Cedars Sinai Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SAMPATH, SRINATH C**
*Provider ID:* 110180
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A108197
*NPI:* 1891982328
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANTILLAN, CYNTHIA S**
*Provider ID:* 65043
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A90879
*NPI:* 1932132404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 126137
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZBERG, ROSS E**
*Provider ID:* 126144
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139

*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SIRLIN, CLAUDE B**
*Provider ID:* 65061
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G80184
*NPI:* 1730261793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SLATER, JERRY**
*Provider ID:* 283311
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172254
*NPI:* 1851746382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SNYDER, WILLIAM C**
*Provider ID:* 126151
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 126157
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**STANFILL, JOHN G**
*Provider ID:* 84902
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A124808
*NPI:* 1831364330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TADROS, ANTHONY S**
*Provider ID:* 116033
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128627
*NPI:* 1306112057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TADROS, ANTHONY S**
*Provider ID:* 268545
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128627
*NPI:* 1306112057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126828
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126832
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TENA, ROWENA G**
*Provider ID:* 126163
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOBIN, MICHAEL L**
*Provider ID:* 126216
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 126201
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont

Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TYAGI, AVISHKAR**
*Provider ID:* 84936
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A123065
*NPI:* 1740440148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VINOCUR, DANIEL N**
*Provider ID:* 64484
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Male
*License number*: A115727
*NPI:* 1770711830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VINOCUR, DANIEL N**
*Provider ID:* 65086
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A115727
*NPI:* 1770711830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WAGNER, THAO N**
*Provider ID:* 84946
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A123521
*NPI:* 1821067935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, LEE L**
*Provider ID:* 118161
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Male
*License number*: A146921
*NPI:* 1003119975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEIHE, ELIZABETH**
*Provider ID:* 102369
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6641
*Fax:*
*After Hours Phone:* (858) 657-6641
*Provider Gender:* Female
*License number*: A135679
*NPI:* 1386884302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YEN, ANDREW C**
*Provider ID:* 65094
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A89413
*NPI:* 1942499116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZAKHARY, MINA M**
*Provider ID:* 84249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A124821
*NPI:* 1114185626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps

Mercy Hospital Chula Vista, Scripps Green Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126194
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
4150 REGENTS PARK ROW STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 658-6500
*Fax:* (858) 622-6460
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY DIAGNOSTIC

**BECKETT, RYAN D**
*Provider ID:* 283217
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172431
*NPI:* 1932561347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHENG, KAREN Y**
*Provider ID:* 283227
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144517
*NPI:* 1427430511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COVELL, DUSTIN M**
*Provider ID:* 239901
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160221
*NPI:* 1942615893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EAJAZI, ALIREZA**
*Provider ID:* 283522
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171288
*NPI:* 1669835005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MORENO, MARIO A**
*Provider ID:* 283316
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151572
*NPI:* 1871957308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHULTZ, HEATHER M**
*Provider ID:* 240343
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A139567
*NPI:* 1871910810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YORK, VINCENT M**
*Provider ID:* 283518
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170712
*NPI:* 1790146611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RADIOLOGY**

**DOEMENY, JOHN M**
*Provider ID:* 269748
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269633
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269527
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245630
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269826
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4150 REGENTS PARK ROW
STE 195
LA JOLLA, CA 92037-9139
*Phone:* (858) 622-6464
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 622-6464
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED DIETITIAN / NUTRITIONIST

**ROBERTS, TRACI L**
*Provider ID:* 268237
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9850 GENESEE AVE STE 320
LA JOLLA, CA 92037-1208
*Phone:* (858) 864-9800
*Fax:*
*After Hours Phone:* (858) 864-9800
*Provider Gender:* Female
*License number*: 86084895
*NPI:* 1003385691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROBERTS, TRACI L**
*Provider ID:* 268238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: 86084895
*NPI:* 1003385691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROBERTS, TRACI L**
*Provider ID:* 268239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 86084895
*NPI:* 1003385691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIEVERING, DENISE**
*Provider ID:* 268249
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 86061948
*NPI:* 1356478929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## REGISTERED PHYSICAL THERAPIST

**BECHERER, KELLEY D**
*Provider ID:* 118456
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:*
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: PT43240
*NPI:* 1306219472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**BECHERER, KELLEY D**
*Provider ID:* 258297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT43240
*NPI:* 1306219472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**BERGERON, PATRICK R**
*Provider ID:* 206533
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT41083
*NPI:* 1285061390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BERGERON, PATRICK R**
*Provider ID:* 258296
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT41083
*NPI:* 1285061390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUNOSKY, ABIGAIL S**
*Provider ID:* 246021
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT40519
*NPI:* 1780018416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BURGESS, CATHERINE E**
*Provider ID:* 258346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT35850
*NPI:* 1205287687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHIEN, PEI S**
*Provider ID:* 214699
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295605
*NPI:* 1891260238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHIEN, PEI S**
*Provider ID:* 258324
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295605
*NPI:* 1891260238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HERMAS, LAUREN D**
*Provider ID:* 258316
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT22469
*NPI:* 1376856153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOOPER, JASON K**
*Provider ID:* 258357
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6590
*Fax:* (858) 657-1809
*After Hours Phone:* (858) 657-6590
*Provider Gender:* Male
*License number*: PT43019
*NPI:* 1699158022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KIERNAN, KRISTEN**
*Provider ID:* 258358
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT292711
*NPI:* 1215216379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE, YVONNE T**
*Provider ID:* 202665
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295301
*NPI:* 1942780424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE, YVONNE T**
*Provider ID:* 258444
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT295301
*NPI:* 1942780424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MAROLLA, ALICE R**
*Provider ID:* 241145
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT296117
*NPI:* 1477018729
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MITCHELL, JEFFREY A**
*Provider ID:* 84286
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Male
*License number*: PT37484
*NPI:* 1497827638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOELLER, LISA K**
*Provider ID:* 258404
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT18807
*NPI:* 1033664677
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NALBANDIAN, SARAH**
*Provider ID:* 210312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:* (858) 857-1809
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: PT295291
*NPI:* 1871069922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**NUTHALL, KAITLIN M**
*Provider ID:* 129198
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT291757
*NPI:* 1992210090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NUTHALL, KAITLIN M**
*Provider ID:* 202327
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT291757
*NPI:* 1992210090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NUTHALL, KAITLIN M**
*Provider ID:* 258431
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT291757
*NPI:* 1992210090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OBISPO MCQUERRY, MICHELLE A**
*Provider ID:* 258380
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT38043
*NPI:* 1962769075
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUDD, CHRISTOPHER D**
*Provider ID:* 207559
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT291997
*NPI:* 1831539337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUDD, CHRISTOPHER D**
*Provider ID:* 258372
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: PT291997
*NPI:* 1831539337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANO, NISHIKI**
*Provider ID:* 276719
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT296276
*NPI:* 1497399091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SKINNER, NICOLE J**
*Provider ID:* 206546
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT18043
*NPI:* 1386964997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRIMM, CASSIDY M**
*Provider ID:* 122382
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:*
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: PT293496
*NPI:* 1740708478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRIMM, CASSIDY M**
*Provider ID:* 258442
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: PT293496
*NPI:* 1740708478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRIMM, CASSIDY M**
*Provider ID:* 258443
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: PT293496
*NPI:* 1740708478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VASQUEZ, BENJAMIN P**
*Provider ID:* 128896
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT294934
*NPI:* 1568938413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VASQUEZ, BENJAMIN P**
*Provider ID:* 200968
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT294934
*NPI:* 1568938413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VASQUEZ, BENJAMIN P**
*Provider ID:* 258480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Male
*License number*: PT294934
*NPI:* 1568938413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WILLIAMS, STACY M**
*Provider ID:* 258496
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT37862
*NPI:* 1689962169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YU, AUDRINE A**
*Provider ID:* 128619
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295026
*NPI:* 1639271208
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YU, AUDRINE A**
*Provider ID:* 258481
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: PT295026
*NPI:* 1639271208
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## RHEUMATOLOGY

**CEPONIS, ARNOLDAS**
*Provider ID:* 65137
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: A106525
*NPI:* 1144423039

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CORR, MARY P**
*Provider ID:* 64854
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: G61357
*NPI:* 1255389417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FIRESTEIN, GARY S**
*Provider ID:* 65169
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: G46824
*NPI:* 1699790808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GINSBERG, MARK H**
*Provider ID:* 64885
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G29521
*NPI:* 1659396778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HEPBURN, BONNIE**
*Provider ID:* 100920
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB (0912
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:*
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Female
*License number*: G83568
*NPI:* 1104972850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAVANAUGH, ARTHUR F**

*Provider ID:* 65210
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2B
LA JOLLA, CA 92037-1300
*Phone:* (858) 249-2500
*Fax:*
*After Hours Phone:* (858) 249-2500
*Provider Gender:* Male
*License number*: C50307
*NPI:* 1679584486
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, SUSAN J**
*Provider ID:* 65230
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6110
*Fax:* (858) 657-6191
*After Hours Phone:* (858) 657-6110
*Provider Gender:* Female
*License number*: A67596
*NPI:* 1386677045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MIDDLETON, GREGORY D**
*Provider ID:* 124158
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: C54037
*NPI:* 1104891290
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MIDDLETON, GREGORY D**
*Provider ID:* 65252
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: C54037
*NPI:* 1104891290
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SINGH, ABHA**
*Provider ID:* 102136
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6110
*Fax:*
*After Hours Phone:* (858) 657-6110
*Provider Gender:* Female
*License number*: A136137
*NPI:* 1710144423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SPEECH PATHOLOGIST**

**DOCKTER, ANDI M**
*Provider ID:* 248062
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLA
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: SP26061
*NPI:* 1073150801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOCKTER, ANDI M**
*Provider ID:* 248064
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: SP26061
*NPI:* 1073150801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KERR, LAUREN S**
*Provider ID:* 285970
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLD
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: SP31784
*NPI:* 1164929287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LINNEMEYER, KRISTEN E**
*Provider ID:* 83703
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-6879
*Fax:* (858) 657-6873
*After Hours Phone:* (858) 657-6879
*Provider Gender:* Female
*License number*: SP21053
*NPI:* 1013070085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHAEFER, LINDSEY A**
*Provider ID:* 286312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: SP17349
*NPI:* 1598200719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHIEDERMAYER, BENJAMIN F**
*Provider ID:* 288938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: SP33061
*NPI:* 1164979837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHIEDERMAYER, BENJAMIN F**
*Provider ID:* 288939
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: SP33061
*NPI:* 1164979837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**UNGER, LINDSEY A**
*Provider ID:* 265338
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: SP20362
*NPI:* 1972936813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sign Language
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY CARDIOVASCULAR

**BOYS, JOSHUA A**
*Provider ID:* 243533
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7777
*Fax:*
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: A125954
*NPI:* 1114368990
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COLETTA, JOELLE M**
*Provider ID:* 210528
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Female
*License number*: A55001
*NPI:* 1447222377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GOLTS, EUGENE M**
*Provider ID:* 210077
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A82530
*NPI:* 1316000649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GRAMINS, DANIEL L**
*Provider ID:* 210047
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G79711
*NPI:* 1164495750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MADANI, MICHAEL M**
*Provider ID:* 210286
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Male
*License number*: A67201
*NPI:* 1518999069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**ONAITIS, MARK**
*Provider ID:* 210296
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-7777
*Fax:* (858) 657-5058
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: C144886
*NPI:* 1841310638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ONAITIS, MARK**
*Provider ID:* 210297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR # 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-7777
*Fax:* (858) 657-5058
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: C144886
*NPI:* 1841310638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POLLEMA, TRAVIS L**
*Provider ID:* 210576
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A12742
*NPI:* 1871752956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PRETORIUS, GERT D**
*Provider ID:* 210571
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A113774
*NPI:* 1629385836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**THISTLETHWAITE, PATRICIA A**
*Provider ID:* 210505
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Female
*License number*: G84093
*NPI:* 1831121789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## SURGERY COLON SURGERY

**EISENSTEIN, SAMUEL G**
*Provider ID:* 110352
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-7237
*Fax:* (858) 228-1731
*After Hours Phone:* (858) 657-7237
*Provider Gender:* Male
*License number*: A132251
*NPI:* 1194983932
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIU, SHANGLEI**
*Provider ID:* 273364
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128073
*NPI:* 1043558653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LOPEZ, NICOLE E**
*Provider ID:* 286388
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A107945
*NPI:* 1518163005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARRY, LISA A**
*Provider ID:* 278551
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131297
*NPI:* 1235369067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAMAMOORTHY, SONIA L**
*Provider ID:* 286371
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A65709
*NPI:* 1801812656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY CRITICAL CARE

**ADAMS, LAURA M**
*Provider ID:* 284408
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169184
*NPI:* 1144616541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIGGINSON, SARA M**
*Provider ID:* 243003
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123464
*NPI:* 1578852471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POTENZA, BRUCE M**
*Provider ID:* 277299

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7200
*Fax:*
*After Hours Phone:* (619) 543-7200
*Provider Gender:* Male
*License number*: G77333
*NPI:* 1548281496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TADLOCK, MATTHEW D**
*Provider ID:* 272849
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C54740
*NPI:* 1881666956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Desert Regional Med Ctr, John F Kennedy Memorial Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VENTRO, GEORGE J**
*Provider ID:* 284419
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169299
*NPI:* 1548604648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WEAVER, JESSICA L**
*Provider ID:* 243240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A163176
*NPI:* 1396044657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY GENERAL
## VASCULAR

**BANDYK, DENNIS F**
*Provider ID:* 275339
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BANDYK, DENNIS F**
*Provider ID:* 275340
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BANDYK, DENNIS F**
*Provider ID:* 275341
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (888) 926-8273
*Fax:*
*After Hours Phone:* (888) 926-8273
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**
*Provider ID:* 275371
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99417
*NPI:* 1497936900
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**
*Provider ID:* 275373
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99417
*NPI:* 1497936900
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GAFFEY, ANN C**
*Provider ID:* 287012
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A175295
*NPI:* 1316232010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOWE, STEVEN C**
*Provider ID:* 206760
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-7777
*Fax:* (858) 657-5058
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: G79076
*NPI:* 1497702740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LANE, JOHN S**
*Provider ID:* 83682
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G81602
*NPI:* 1043390172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY GENERAL

**AL-NOURI, OMAR**
*Provider ID:* 211904
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A16931
*NPI:* 1770742264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AL-NOURI, OMAR**
*Provider ID:* 211905
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A16931
*NPI:* 1770742264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ARMANI, AVA**
*Provider ID:* 118845
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A118231
*NPI:* 1861759383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ARMANI, AVA**
*Provider ID:* 282142
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A118231
*NPI:* 1861759383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BANDYK, DENNIS F**
*Provider ID:* 65120
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**BANDYK, DENNIS F**
*Provider ID:* 65370
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**
*Provider ID:* 83206
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99417
*NPI:* 1497936900
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BAUMGARTNER, JOEL M**
*Provider ID:* 64407
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 534-4813
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A121105
*NPI:* 1679629257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLAIR, SARAH L**
*Provider ID:* 64410
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: G85042
*NPI:* 1710918008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BOUVET, MICHAEL**
*Provider ID:* 64412
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6191
*Fax:*
*After Hours Phone:* (858) 822-6191
*Provider Gender:* Male
*License number*: G69035
*NPI:* 1033177803

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CLARY, BRYAN M**
*Provider ID:* 202568
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G134895
*NPI:* 1982787131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COIMBRA, RAUL S**
*Provider ID:* 64851
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A74573
*NPI:* 1356372791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOLTS, EUGENE M**
*Provider ID:* 65177
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # LLB (0912
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8440
*Fax:*
*After Hours Phone:* (858) 657-8440
*Provider Gender:* Male
*License number*: A82530
*NPI:* 1316000649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HORGAN, SANTIAGO**
*Provider ID:* 286380
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0755
*Fax:*
*After Hours Phone:* (619) 471-0755
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HORGAN, SANTIAGO**
*Provider ID:* 64912
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0701
*Fax:* (619) 543-3763
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HORGAN, SANTIAGO**
*Provider ID:* 65193
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0701
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JACOBSEN, GARTH R**
*Provider ID:* 201728
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0755
*Fax:*
*After Hours Phone:* (619) 471-0755
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JACOBSEN, GARTH R**
*Provider ID:* 65200
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KELLY, KAITLYN J**
*Provider ID:* 83648
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 312-7010
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A124613
*NPI:* 1124272430
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOWY, ANDREW M**
*Provider ID:* 64448
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6192
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: G87988
*NPI:* 1346218179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MADANI, MICHAEL M**
*Provider ID:* 64963
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A67201
*NPI:* 1518999069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MEKEEL, KRISTIN L**
*Provider ID:* 65246
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Female
*License number*: C54096
*NPI:* 1104861947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MICHELOTTI, MARCOS J**
*Provider ID:* 65251
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A107144
*NPI:* 1275711590

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Childrens Hospital, Loma Linda University Med Ctr, Ucsd Medical Ctr, Loma Linda University Med Ctr Murrieta, Riverside County Regional Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OWENS, ERIK L**
*Provider ID:* 65003
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G84727
*NPI:* 1578506523
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PARRY, LISA A**
*Provider ID:* 110404
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131297
*NPI:* 1235369067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAMAMOORTHY, SONIA L**
*Provider ID:* 65022
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A65709
*NPI:* 1801812656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RASCHKE, ERIC T**
*Provider ID:* 270298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A17495
*NPI:* 1316386659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTORELLI, JARRETT E**
*Provider ID:* 272304
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161482
*NPI:* 1033529201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEDRAK, MICHAEL F**
*Provider ID:* 84776
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 471-0701
*Fax:*
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Male
*License number*: A82582
*NPI:* 1750464111
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SICKLICK, JASON K**
*Provider ID:* 64480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: A112500
*NPI:* 1487700779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VEERAPONG, JULA**
*Provider ID:* 119378
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6173
*Fax:*
*After Hours Phone:* (858) 822-6173
*Provider Gender:* Female
*License number*: C149942
*NPI:* 1801039490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALLACE, ANNE M**
*Provider ID:* 65087
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300

*Phone:* (619) 294-3746
*Fax:*
*After Hours Phone:* (619) 294-3746
*Provider Gender:* Female
*License number*: G73000
*NPI:* 1699732941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALLACE, ANNE M**
*Provider ID:* 65318
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Female
*License number*: G73000
*NPI:* 1699732941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WHITE, REBEKAH R**
*Provider ID:* 110739
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-2124
*Fax:*
*After Hours Phone:* (858) 822-2124
*Provider Gender:* Female
*License number*: C143450
*NPI:* 1750400784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YANG, GENE**
*Provider ID:* 280568
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169156
*NPI:* 1568807089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY HAND ORTHOPEDIC

**STEPHENSON, SAMUEL K**
*Provider ID:* 284935
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154951
*NPI:* 1578058665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STEPHENSON, SAMUEL K**
*Provider ID:* 284936
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154951
*NPI:* 1578058665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY HAND

**ABRAMS, REID**
*Provider ID:* 124050
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G59829
*NPI:* 1548202245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY NEUROLOGICAL

**BARBA, DAVID**
*Provider ID:* 275678
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR # 2A
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5540
*Fax:* (619) 287-7663
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: G42092
*NPI:* 1093730251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARBA, DAVID**
*Provider ID:* 65122
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5540
*Fax:* (619) 287-7663
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: G42092
*NPI:* 1093730251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEAUMONT, THOMAS L**
*Provider ID:* 214126
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A159281
*NPI:* 1497067573
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEN-HAIM, SHARONA**
*Provider ID:* 244070
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A124866
*NPI:* 1942469663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BLASKIEWICZ, DONALD J**
*Provider ID:* 270282
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A109748
*NPI:* 1215176839
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CIACCI, JOSEPH D**
*Provider ID:* 65149
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A50933
*NPI:* 1992725675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KHALESSI, ALEXANDER A**
*Provider ID:* 244036
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KHALESSI, ALEXANDER A**
*Provider ID:* 65212
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8630
*Fax:* (619) 543-6832
*After Hours Phone:* (858) 657-8630
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MARSHALL, LAWRENCE F**
*Provider ID:* 244149
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C36547
*NPI:* 1750306171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARSHALL, LAWRENCE F**
*Provider ID:* 65245
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C36547
*NPI:* 1750306171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, ANDREW D**
*Provider ID:* 244139

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OLSON, SCOTT E**
*Provider ID:* 244054
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OLSON, SCOTT E**
*Provider ID:* 244055
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OSORIO, JOSEPH A**
*Provider ID:* 242005
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128616
*NPI:* 1437416591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OSORIO, JOSEPH A**
*Provider ID:* 242006
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128616
*NPI:* 1437416591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHAM, MARTIN H**
*Provider ID:* 244159
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A121590
*NPI:* 1609130921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTIAGO DIEPPA, DAVID R**
*Provider ID:* 271118
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132049
*NPI:* 1083984983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTIAGO DIEPPA, DAVID R**
*Provider ID:* 271119
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132049
*NPI:* 1083984983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHWARTZ, MARC S**
*Provider ID:* 244022
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G86573
*NPI:* 1508960188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Good

Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHWARTZ, MARC S**
*Provider ID:* 244023
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G86573
*NPI:* 1508960188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STEINBERG, JEFFREY A**
*Provider ID:* 271100
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A131786
*NPI:* 1982044715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STEINBERG, JEFFREY A**
*Provider ID:* 271101
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A131786
*NPI:* 1982044715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAYLOR, WILLIAM R**
*Provider ID:* 65309
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: G72205
*NPI:* 1528084522
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TUNG, HOWARD**
*Provider ID:* 244083
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: G58235
*NPI:* 1538153341
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TUNG, HOWARD**
*Provider ID:* 65313
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: G58235
*NPI:* 1538153341
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**U, HOI S**
*Provider ID:* 244133
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G27898
*NPI:* 1164468146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YOO, FRANK K , MD**
*Provider ID:* 248120
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 909-9033
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 909-9033
*Provider Gender:* Male
*License number*: G86513
*NPI:* 1295774545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital

Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**YOO, FRANK K**
*Provider ID:* 91795
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
9850 GENESEE AVE STE 560
LA JOLLA, CA 92037-1229
*Phone:* (858) 909-9033
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 909-9033
*Provider Gender:* Male
*License number*: G86513
*NPI:* 1295774545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## SURGERY ORTHOPEDIC

**ALLEN, RICHARD T**
*Provider ID:* 124053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A83513
*NPI:* 1962660175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALLEN, RICHARD T**
*Provider ID:* 65115
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (858) 657-8235
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A83513
*NPI:* 1962660175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ATTENELLO, JOHN D**
*Provider ID:* 271083
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A166979
*NPI:* 1629456553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Good Samaritan Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BALL, SCOTT T**
*Provider ID:* 124052
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A75221
*NPI:* 1952325318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BALL, SCOTT T**
*Provider ID:* 65119
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A75221
*NPI:* 1952325318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUKATA, SUSAN V**
*Provider ID:* 277947
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C55109
*NPI:* 1932140639
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHANG, DOUGLAS G**
*Provider ID:* 124123
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A77281
*NPI:* 1962450031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHANG, DOUGLAS G**
*Provider ID:* 65139
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A77281
*NPI:* 1962450031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHIARAPPA, FRANK E**
*Provider ID:* 244460
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A164466
*NPI:* 1932536828
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOI, JIHOON**
*Provider ID:* 284786
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8181
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151613
*NPI:* 1285097741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOI, JIHOON**
*Provider ID:* 284787
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151613
*NPI:* 1285097741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CIDAMBI, KRISHNA R**
*Provider ID:* 124274
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 865-7820
*Fax:*
*After Hours Phone:* (858) 865-7820
*Provider Gender:* Male

*License number*: A118350
*NPI:* 1275836959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CIDAMBI, KRISHNA R**
*Provider ID:* 124275
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8235
*Fax:*
*After Hours Phone:* (858) 657-8235
*Provider Gender:* Male
*License number*: A118350
*NPI:* 1275836959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COVEY, DANA C**
*Provider ID:* 104619
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: G89432
*NPI:* 1780651794
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DALSTROM, DAVID J**
*Provider ID:* 125855
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A112715
*NPI:* 1942333075
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Mammoth Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLINT, JAMES H**
*Provider ID:* 203177
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A156864
*NPI:* 1629239140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARFIN, STEVEN R**
*Provider ID:* 123783
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: G29309
*NPI:* 1679515829
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOEB, YANNICK L**
*Provider ID:* 284792
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170529
*NPI:* 1730542747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOEB, YANNICK L**
*Provider ID:* 284793
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170529
*NPI:* 1730542747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GONZALES, FRANCIS B**
*Provider ID:* 123851
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A112963
*NPI:* 1841476546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GONZALES, FRANCIS B**
*Provider ID:* 65178
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A112963
*NPI:* 1841476546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HENTZEN, ERIC R**
*Provider ID:* 65190
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A83117
*NPI:* 1245411180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KULIDJIAN, ANNA A**
*Provider ID:* 65224
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A97060
*NPI:* 1215183066
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEUNIER, MATTHEW J**
*Provider ID:* 65248
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A72975
*NPI:* 1265470553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEUNIER, MATTHEW J**
*Provider ID:* 126580
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A72975
*NPI:* 1265470553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEUNIER, MATTHEW J**
*Provider ID:* 65248
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A72975
*NPI:* 1265470553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEYER, ROBERT S**
*Provider ID:* 65250
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: G76677
*NPI:* 1316997646
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTSON, CATHERINE M**
*Provider ID:* 65288
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A87544
*NPI:* 1952565780
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZ, ALEXANDRA K**
*Provider ID:* 124198
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A60259
*NPI:* 1740206747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZ, ALEXANDRA K**
*Provider ID:* 65297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A60259
*NPI:* 1740206747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SULLIVAN, THOMAS B**
*Provider ID:* 285245
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138132
*NPI:* 1437565488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SULLIVAN, THOMAS B**
*Provider ID:* 285246
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138132
*NPI:* 1437565488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VITALE, KENNETH C**
*Provider ID:* 104657
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: C132964
*NPI:* 1730176868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZLOMISLIC, VINKO**
*Provider ID:* 124281
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8200
*Fax:* (619) 543-7480
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A112819
*NPI:* 1346351509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Serbo-Croatian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZLOMISLIC, VINKO**
*Provider ID:* 124285
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A112819
*NPI:* 1346351509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Serbo-Croatian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY PLASTIC

**CHAO, JAMES J**
*Provider ID:* 65141
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: G85358
*NPI:* 1093740789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOSMAN, AMANDA A**
*Provider ID:* 64887
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A96153
*NPI:* 1164436291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HINCHCLIFF, KATHARINE**
*Provider ID:* 277289
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135631
*NPI:* 1346674561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KOLB, FREDERIC J**
*Provider ID:* 246238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: F39
*NPI:* 1790341832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REID, CHRISTOPHER M**
*Provider ID:* 224796
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122947
*NPI:* 1982964276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## SURGERY THORACIC

**COLETTA, JOELLE M**
*Provider ID:* 64852
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A55001
*NPI:* 1447222377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HOWE, STEVEN C**
*Provider ID:* 90049
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 657-7777
*Fax:* (858) 657-5058
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: G79076
*NPI:* 1497702740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JAMIESON, STUART W**
*Provider ID:* 65201
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A35080
*NPI:* 1649203415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KEARNS, MARK J**
*Provider ID:* 274296
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-8817
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 657-8817
*Provider Gender:* Male
*License number*: A158916
*NPI:* 1033683719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KEARNS, MARK J**
*Provider ID:* 274297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (858) 647-8817
*Fax:* (858) 853-9878
*After Hours Phone:* (858) 647-8817
*Provider Gender:* Male
*License number*: A158916
*NPI:* 1033683719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ONAITIS, MARK**
*Provider ID:* 112339
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 657-7777
*Fax:*
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Male
*License number*: C144886
*NPI:* 1841310638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POLLEMA, TRAVIS L**
*Provider ID:* 99659
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A12742
*NPI:* 1871752956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PRETORIUS, GERT D**
*Provider ID:* 65019

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:* (619) 543-3604
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A113774
*NPI:* 1629385836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**RAMIREZ, ALFREDO R**
*Provider ID:* 256390
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A101070
*NPI:* 1003829417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAKAKIBARA, NAOHIDE**
*Provider ID:* 65291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Male
*License number*: A67153
*NPI:* 1588697916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SIDERIS, ANTONIOS**
*Provider ID:* 285652
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173526
*NPI:* 1134495336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIDERIS, ANTONIOS**
*Provider ID:* 285653
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173526
*NPI:* 1134495336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIDERIS, ANTONIOS**
*Provider ID:* 285654
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173526
*NPI:* 1134495336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THISTLETHWAITE, PATRICIA A**
*Provider ID:* 65311
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7777
*Fax:* (619) 543-2652
*After Hours Phone:* (858) 657-7777
*Provider Gender:* Female
*License number*: G84093
*NPI:* 1831121789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**ZANDER, ASHLEY L**
*Provider ID:* 291381
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A19229
*NPI:* 1780940031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZANDER, ASHLEY L**
*Provider ID:* 291382
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A19229
*NPI:* 1780940031
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZANDER, ASHLEY L**
*Provider ID:* 291383
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9434 MEDICAL CENTER DR
LA JOLLA, CA 92037-1337
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A19229
*NPI:* 1780940031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGICAL ONCOLOGY

**HYAMS, DAVID M**
*Provider ID:* 276537
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G42387
*NPI:* 1992755391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Desert Regional Med Ctr, Eisenhower Medical Ctr, John F Kennedy Memorial Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RACE, ALICE J**
*Provider ID:* 271831
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169163
*NPI:* 1982086922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## UROLOGY

**ALBO, MICHAEL E**
*Provider ID:* 65112
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: G81920
*NPI:* 1912938499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUTLER, PHILIP A**
*Provider ID:* 65710
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:*
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G47129
*NPI:* 1184665911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUTLER, PHILIP A , MD**
*Provider ID:* 65710
*Board Certified Specialty:* Yes
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:* (858) 429-7295
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G47129
*NPI:* 1184665911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COHEN, EDWARD S**
*Provider ID:* 65713
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:*
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COHEN, EDWARD S , MD**
*Provider ID:* 65713
*Board Certified Specialty:* Yes
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:* (858) 429-7925
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CRAWFORD, ELWARD D**
*Provider ID:* 244131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 657-7876
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 657-7876
*Provider Gender:* Male
*License number*: G35350
*NPI:* 1902814379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DERWEESH, ITHAAR H**
*Provider ID:* 64424
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:* (858) 822-6316
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Male
*License number*: C53383
*NPI:* 1003873720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HSIEH, TUNG CHIN**
*Provider ID:* 277239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9850 GENESEE AVE STE 800
LA JOLLA, CA 92037-1219
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A120604
*NPI:* 1073758652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KADER, ANDREW K**
*Provider ID:* 65204
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:* (858) 822-6188
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A116234
*NPI:* 1184731127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KANE, CHRISTOPHER J**
*Provider ID:* 64438
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100

*Provider Gender:* Male
*License number*: G69249
*NPI:* 1083636294
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KANE, CHRISTOPHER J**
*Provider ID:* 64932
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 657-7876
*Fax:*
*After Hours Phone:* (619) 657-7876
*Provider Gender:* Male
*License number*: G69249
*NPI:* 1083636294
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAITOH, JOHN**
*Provider ID:* 55260
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:* (858) 429-7925
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G82079
*NPI:* 1629010509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAITOH, JOHN, MD**
*Provider ID:* 55260
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:* (858) 429-7925
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: G82079
*NPI:* 1629010509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, HUNG H , MD**
*Provider ID:* 246842
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212
*Phone:* (858) 453-5944
*Fax:* (858) 429-7925
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: A142209
*NPI:* 1023488806
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAKAMOTO, KYOKO**
*Provider ID:* 64473
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093-1503
*Phone:* (858) 822-6193
*Fax:*
*After Hours Phone:* (858) 822-6193
*Provider Gender:* Female
*License number*: A80808
*NPI:* 1740223619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUR, ROGER L**
*Provider ID:* 65070
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: G80585
*NPI:* 1932208022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUR, ROGER L**
*Provider ID:* 65307
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: G80585
*NPI:* 1932208022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ULOKO, MARIA I**
*Provider ID:* 284963
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A166093
*NPI:* 1326426016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YUH, BENJAMIN J**
*Provider ID:* 283442
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE 440
LA JOLLA, CA 92037-1212

*Phone:* (858) 453-5944
*Fax:* (858) 429-7933
*After Hours Phone:* (858) 453-5944
*Provider Gender:* Male
*License number*: A125637
*NPI:* 1487092417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Methodist Hosp Of Southern California, City Of Hope National Med Ctr, Huntington Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## LA MESA

### ALLERGY IMMUNOLOGY

**REDDY, SUMANA**
*Provider ID:* 262115
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 320
LA MESA, CA 91942-7001
*Phone:* (619) 377-6565
*Fax:* (619) 450-2111
*After Hours Phone:* (619) 377-6565
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F,SA 9AM-5PM, TU 8AM-1PM, TH 12PM-6PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, SUMANA, MD**
*Provider ID:* 82087
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
8860 CENTER DR STE 320
LA MESA, CA 91942-7001
*Phone:* (619) 377-6565
*Fax:* (619) 450-2111
*After Hours Phone:* (619) 377-6565
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F,SA 9AM-5PM, TU 8AM-1PM, TH 12PM-6PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, SUMANA**
*Provider ID:* 82087
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
8860 CENTER DR STE 320
LA MESA, CA 91942-7001
*Phone:* (619) 377-6565
*Fax:*
*After Hours Phone:* (619) 377-6565
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# D. Directorio de proveedores de atención especializada

## ANESTHESIOLOGY PAIN MANAGEMENT

**FISHER, CASEY J**
*Provider ID:* 204414
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7051 ALVARADO RD # 101
LA MESA, CA 91942-8901
*Phone:* (619) 625-1144
*Fax:*
*After Hours Phone:* (619) 625-1144
*Provider Gender:* Male
*License number*: A118592
*NPI:* 1275780686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Pomerado Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VERDOLIN, MICHAEL H , MD**
*Provider ID:* 203328
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7051 ALVARADO RD # 101
LA MESA, CA 91942-8901
*Phone:* (619) 625-1144
*Fax:* (619) 271-4060
*After Hours Phone:* (619) 625-1144
*Provider Gender:* Male
*License number*: A92149
*NPI:* 1477525657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## CARDIOLOGY

**SHEREV, DIMITRI A , MD**
*Provider ID:* 65688
*Board Certified Specialty:* No
SHEREV HEART AND VASCULAR CLINIC INC
8851 CENTER DR STE 304
LA MESA, CA 91942-3048
*Phone:* (619) 867-0557
*Fax:* (619) 867-0558
*After Hours Phone:* (619) 867-0557
*Provider Gender:* Male
*License number*: A70917
*NPI:* 1154323996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bulgarian, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Alvarado Community Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**YELLEN, LAURENCE G , MD**
*Provider ID:* 269173
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 405
LA MESA, CA 91942-3198
*Phone:* (619) 582-2404
*Fax:* (619) 243-3236
*After Hours Phone:* (619) 582-2404
*Provider Gender:* Male
*License number*: G15453
*NPI:* 1477680551
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOVASCULAR DISEASE

**BOGHAIRI, ANOUSHIRAVAN, MD**
*Provider ID:* 269055
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 115
LA MESA, CA 91942-3021
*Phone:* (619) 698-6667
*Fax:* (619) 698-6684
*After Hours Phone:* (619) 698-6667
*Provider Gender:* Male
*License number*: A33832
*NPI:* 1255549184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOTHA, PURUSHOTHAM, MD**
*Provider ID:* 32053
*Board Certified Specialty:* No
PURUSHOTHAM AND AKTHER KOTHA MD INC
8860 CENTER DR STE 400
LA MESA, CA 91942-7003
*Phone:* (619) 229-1995
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 229-1995
*Provider Gender:* Male
*License number*: A41538
*NPI:* 1093730814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REDDY, REDDIWANDLA S**
*Provider ID:* 265393
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
5565 GROSSMONT CENTER DR STE 202
LA MESA, CA 91942-3022
*Phone:* (619) 461-6130
*Fax:* (619) 461-3108
*After Hours Phone:* (619) 461-6130
*Provider Gender:* Male
*License number*: A38098
*NPI:* 1710996384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kannada, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

## CERTIFIED BEHAVIORAL ANALYST MASTERS

**ALLEN, DAVID**
*Provider ID:* 104053
*Board Certified Specialty:* No
LETS GROW INC
7373 UNIVERSITY AVE STE 202
LA MESA, CA 91942-0524
*Phone:* (619) 713-0737
*Fax:*
*After Hours Phone:* (619) 713-0737
*Provider Gender:* Male
*License number*: BCBA13011
*NPI:* 1306186549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* https://www.letsgrowaba.com/home.html
*Email:*
*Medical Group(s):*
*IPA:*

**MEDRANO, JOSEPH**
*Provider ID:* 104072
*Board Certified Specialty:* No
LETS GROW INC
7373 UNIVERSITY AVE STE 202
LA MESA, CA 91942-0524
*Phone:* (619) 713-0737
*Fax:*
*After Hours Phone:* (619) 713-0737
*Provider Gender:* Male
*License number*: BCBA15889
*NPI:* 1902218605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* https://www.letsgrowaba.com/home.html
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE

## PRACTITIONER

**ALBANO, RIZALINA**
*Provider ID:* 128828
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:*
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: NP95005436
*NPI:* 1811430820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LOYOLA, MARY ANN P , NPA**
*Provider ID:* 242398
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: NP95011408
*NPI:* 1881154037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MEGERT, SONYA L**
*Provider ID:* 291623
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Female
*License number*: NP20871
*NPI:* 1487925889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RESTELLI, LYNDSEY**
*Provider ID:* 217692
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Provider Gender:* Female
*License number*: NP95007632
*NPI:* 1558854000
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RESTELLI, LYNDSEY**
*Provider ID:* 217693
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8881 FLETCHER PKWY STE 205
LA MESA, CA 91942-3187
*Phone:* (619) 464-6434
*Fax:*
*After Hours Phone:* (619) 464-6434
*Provider Gender:* Female
*License number*: NP95007632
*NPI:* 1558854000
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## EMERGENCY MEDICINE

**BELLOMO, THOMAS N**
*Provider ID:* 205600
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Male
*License number*: G69193
*NPI:* 1700926698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOW, BYRON C**
*Provider ID:* 206096
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Male
*License number*: A78116
*NPI:* 1619907607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KEARNEY, LAUREN K**
*Provider ID:* 206220
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: G83666
*NPI:* 1740296268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LOVEJOY, AMY E**
*Provider ID:* 206106
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A75176
*NPI:* 1790856557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MINKA, GENEVIEVE M**
*Provider ID:* 205335
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A77841
*NPI:* 1689646689
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MISHRA-OCCHINO, SEEMA S**
*Provider ID:* 205405
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A100307
*NPI:* 1689612830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARIKH, PAYAL**
*Provider ID:* 205868
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: 20A10898
*NPI:* 1871757989
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, SHERINE B**
*Provider ID:* 205786
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: G81658
*NPI:* 1477626513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RILEY-HAGAN, MARGARET**
*Provider ID:* 205986
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A49609
*NPI:* 1548352388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSE, OLGA D**
*Provider ID:* 205953
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A143536
*NPI:* 1740560044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268693
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR
LA MESA, CA 91942-3020
*Phone:* (619) 589-5414
*Fax:* (619) 589-7391
*After Hours Phone:* (619) 589-5414
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**
*Provider ID:* 269782
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR
LA MESA, CA 91942-3020
*Phone:* (619) 589-5414
*Fax:* (619) 589-7391
*After Hours Phone:* (619) 589-5414
*Provider Gender:* Male
*License number*: HA2056
*NPI:* 1497901680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HEMATOLOGY / ONCOLOGY

**MEDIC, IGOR, MD**
*Provider ID:* 119509
*Board Certified Specialty:* No
CANCER CENTER ONCOLOGY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Male
*License number*: A146970
*NPI:* 1154618593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Serbian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## INFECTIOUS DISEASE

**HADDAD, FADI A**
*Provider ID:* 40943
*Board Certified Specialty:* No
FADI A HADDAD MD INC
8860 CENTER DR STE 320
LA MESA, CA 91942-7001
*Phone:* (619) 376-1904
*Fax:*
*After Hours Phone:* (619) 376-1904
*Provider Gender:* Male
*License number*: A80687
*NPI:* 1689692956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.haddadclinic.com
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE

**DELA CRUZ, JUNE T**
*Provider ID:* 57266
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Female
*License number*: A54445
*NPI:* 1689784886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FAHID, AMIR H**
*Provider ID:* 101612
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A128773
*NPI:* 1568740355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARLAPATI, ANITHA R**
*Provider ID:* 57273
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Female
*License number*: A83701
*NPI:* 1477641967
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HASSANEIN, MOHAMED K**
*Provider ID:* 109541
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A135448
*NPI:* 1164794673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sutter Medical Center Sacramento, Sutter Roseville Medical Center,

Marin General Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JALIL, ANMAR B**
*Provider ID:* 108361
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A139378
*NPI:* 1588907174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOHEDIN, BARZAN**
*Provider ID:* 52461
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A50839
*NPI:* 1639235096
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Kurdish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MURALIDHARA, SOWMYA A**
*Provider ID:* 102750
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Female
*License number*: A114660
*NPI:* 1851533285
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAUL, RABEE Y**
*Provider ID:* 102682
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A133752
*NPI:* 1659503241
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

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*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SEIKALY, VICTOR E**
*Provider ID:* 58388
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A50852
*NPI:* 1235158320
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERVENTIONAL CARDIOLOGY

**TAGHIZADEH, BEHZAD, MD**
*Provider ID:* 269161
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 405
LA MESA, CA 91942-3198
*Phone:* (619) 582-2404
*Fax:*
*After Hours Phone:* (619) 582-2404
*Provider Gender:* Male
*License number*: C56208
*NPI:* 1275514986
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 258903
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMCZAK, JOANNA E**
*Provider ID:* 287121
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272676
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 287131
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 258872
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 287073
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp

Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CATANZARITE, VALERIAN A**
*Provider ID:* 258848
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: G46026
*NPI:* 1174694939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CATANZARITE, VALERIAN A**
*Provider ID:* 278851
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Male
*License number*: G46026
*NPI:* 1174694939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 244873
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 287116
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 287095
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 287081
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**
*Provider ID:* 287053
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch

Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 255794
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR # 2
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 287085
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 277384
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

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**WILLIAMS, KRISTIN M**
*Provider ID:* 287113
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8851 CENTER DR STE 201
LA MESA, CA 91942-3044
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

**DO, LUAN K**
*Provider ID:* 262108
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A65161
*NPI:* 1538156245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DO, LUAN K**
*Provider ID:* 43077
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A65161
*NPI:* 1538156245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DO, LUAN K , MD**
*Provider ID:* 43077
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A65161
*NPI:* 1538156245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FADDA, GEORGE Z**
*Provider ID:* 262184
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A44918
*NPI:* 1619972247
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FADDA, GEORGE Z , MD**
*Provider ID:* 26465
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A44918
*NPI:* 1619972247
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, LUCY M**
*Provider ID:* 262152
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: A53843
*NPI:* 1467458620
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

**FADDA, GEORGE Z**
*Provider ID:* 26466
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: A44918
*NPI:* 1619972247
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, LUCY M**
*Provider ID:* 262152
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: A53843
*NPI:* 1467458620
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, LUCY M**
*Provider ID:* 26595
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:*
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: A53843
*NPI:* 1467458620
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, LUCY M , MD**
*Provider ID:* 26595
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Female
*License number*: A53843
*NPI:* 1467458620
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**THOMPSON, JOHN C**
*Provider ID:* 24866
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:*
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: G83902
*NPI:* 1770663890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**THOMPSON, JOHN C , MD**
*Provider ID:* 24866
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: G83902
*NPI:* 1770663890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**THOMPSON, JOHN C**
*Provider ID:* 262352
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: G83902
*NPI:* 1770663890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY

**CHENG, YU D**
*Provider ID:* 26929
*Board Certified Specialty:* No
ER KAI GAO MD INC
8851 CENTER DR STE 603
LA MESA, CA 91942-3063
*Phone:* (619) 667-4545
*Fax:* (619) 667-4550
*After Hours Phone:* (619) 667-4545
*Provider Gender:* Male
*License number*: A79461
*NPI:* 1336226471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GAO, ER-KAI**
*Provider ID:* 26677
*Board Certified Specialty:* No
ER KAI GAO MD INC
8851 CENTER DR STE 603
LA MESA, CA 91942-3063
*Phone:* (619) 667-4545
*Fax:* (619) 667-4550
*After Hours Phone:* (619) 667-4545
*Provider Gender:* Male
*License number*: A71659
*NPI:* 1710064944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOHAMMAD, AHMAD SHAH, MD**
*Provider ID:* 39868
*Board Certified Specialty:* No
EAST COUNTY NEUROLOGY ASSOCIATES INC
8851 CENTER DR STE 307
LA MESA, CA 91942-6006
*Phone:* (619) 337-7900
*Fax:* (619) 337-7902
*After Hours Phone:* (619) 337-7900
*Provider Gender:* Male
*License number*: A98831
*NPI:* 1902973472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, German, Pushto, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOHAMMAD, AHMAD SHAH**
*Provider ID:* 39868
*Board Certified Specialty:* No
EAST COUNTY NEUROLOGY ASSOCIATES INC
8851 CENTER DR STE 307
LA MESA, CA 91942-6006
*Phone:* (619) 337-7900
*Fax:* (619) 337-7902
*After Hours Phone:* (619) 337-7900
*Provider Gender:* Male
*License number*: A98831
*NPI:* 1902973472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, German, Pushto, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OPHTHALMOLOGY

**BINDER, NICHOLAS R**
*Provider ID:* 262355
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268754
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BINDER, NICHOLAS R**
*Provider ID:* 288647
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CARRABY, ARNETT**
*Provider ID:* 116394
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G47836
*NPI:* 1366530792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARRABY, ARNETT, MD**
*Provider ID:* 269060
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G47836
*NPI:* 1366530792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAVEZ, CESAR T , MD**
*Provider ID:* 268778
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G51615
*NPI:* 1720082563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CODEN, DANIEL J**
*Provider ID:* 288657
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: G57587
*NPI:* 1942317508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELENGOCKY, TAYSON**
*Provider ID:* 116393
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: 20A12784
*NPI:* 1164637153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELENGOCKY, TAYSON**
*Provider ID:* 268959
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: 20A12784
*NPI:* 1164637153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**
*Provider ID:* 268935
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A121431
*NPI:* 1770801540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLLOGLY, HEIDRUN E**
*Provider ID:* 262383
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942-3078
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GOLLOGLY, HEIDRUN E , MD**
*Provider ID:* 269127
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942-3078
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GOLLOGLY, HEIDRUN E**
*Provider ID:* 288654
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HAIGHT, BRUCE T , MD**
*Provider ID:* 269112
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 3 # 551
LA MESA, CA 91942-3007
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TH 8AM-4PM, TU,W 8:30AM-4PM, F 8AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HAIGHT, BRUCE T**
*Provider ID:* 288660
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HO, JOSEPH, MD**
*Provider ID:* 268884
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A137389
*NPI:* 1962766451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Desert Regional Med Ctr, Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KATZMAN, BARRY**
*Provider ID:* 288704
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KOWNACKI, JOHN**
*Provider ID:* 262426
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 3 # 551
LA MESA, CA 91942-3007
*Phone:* (619) 465-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (619) 465-2020
*Provider Gender:* Male
*License number*: G84672
*NPI:* 1225189418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MANI, MAJID**
*Provider ID:* 116386
*Board Certified Specialty:* Yes
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A60640
*NPI:* 1043261373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, MAJID, MD**
*Provider ID:* 269194
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A60640
*NPI:* 1043261373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, NASRIN**
*Provider ID:* 116388
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MANI, NASRIN, MD**
*Provider ID:* 269200
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269699
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:* (619) 465-2020
*Provider Gender:* Male

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCGRAW, JOSEPH P**
*Provider ID:* 288659
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262448
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G**
*Provider ID:* 288693
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 262325
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 3 # 551
LA MESA, CA 91942-3007
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:* (619) 465-2020
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269182
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 3 # 551
LA MESA, CA 91942-3007
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:* (619) 465-2020
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 288662
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOSS, JASON M , MD**
*Provider ID:* 268758
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A130529
*NPI:* 1386961423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAJAFI, DAVID J**
*Provider ID:* 39835
*Board Certified Specialty:* No
ALLIANCE RETINA CONSULTANTS INC
8262 UNIVERSITY AVE
LA MESA, CA 91942-9321

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 668-0045
*Fax:*
*After Hours Phone:* (619) 668-0045
*Provider Gender:* Male
*License number*: A68124
*NPI:* 1396715991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAPASTERGIOU, GEORGIOS**
*Provider ID:* 116392
*Board Certified Specialty:* Yes
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PAPASTERGIOU, GEORGIOS, MD**
*Provider ID:* 269191
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE**
*Provider ID:* 262322
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

Group-Sd

**PATEL, GITANE**
*Provider ID:* 288653
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262406
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 288663
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PEAIRS, JAMES J**
*Provider ID:* 126598
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A155296
*NPI:* 1609135623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEAIRS, JAMES J , MD**
*Provider ID:* 268820
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A155296
*NPI:* 1609135623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PERRY, ARTHUR C**
*Provider ID:* 288656
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: C37934
*NPI:* 1194832725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PONS, MAURICIO E , MD**
*Provider ID:* 269243
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PRABHU, SUJATA P**
*Provider ID:* 262395
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 2 # 3
LA MESA, CA 91942-3037
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont

Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 262396
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 3 # 551
LA MESA, CA 91942-3007
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TH,F 8AM-4PM, TU,W 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 288696
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRATT, STEVEN G**
*Provider ID:* 288655
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: G32379
*NPI:* 1407963044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAJSBAUM, MARTIN**
*Provider ID:* 117838
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male

*License number*: A42670
*NPI:* 1912999400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RICE, LAWRENCE S , MD**
*Provider ID:* 269038
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:* (619) 465-2020
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICE, LAWRENCE S**
*Provider ID:* 288646
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7339 EL CAJON BLVD STE J AND K
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:* (619) 722-8460
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SCHER, BARRY M , MD**
*Provider ID:* 268829
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G23827
*NPI:* 1235106899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SKAF, AYHAM R**
*Provider ID:* 116391
*Board Certified Specialty:* No
CALIFORNIA RETINA ASSOCS
8851 CENTER DR # 406
LA MESA, CA 91942-3017

*Phone:* (619) 425-7755
*Fax:*
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SKAF, AYHAM R , MD**
*Provider ID:* 269075
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR # 406
LA MESA, CA 91942-3017
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**ZABANEH, ALEXANDER I**
*Provider ID:* 262170
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 3
LA MESA, CA 91942-3007
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZABANEH, ALEXANDER I , MD**
*Provider ID:* 269123
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 551
LA MESA, CA 91942-3078
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OTOLARYNGOLOGY

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**BUSINO, ROWLEY S**
*Provider ID:* 262172
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Female
*License number*: A112508
*NPI:* 1396997664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BUSINO, ROWLEY S , MD**
*Provider ID:* 53306
*Board Certified Specialty:* No
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942-3021
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Female
*License number*: A112508
*NPI:* 1396997664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MCCALLION, PATRICK G**
*Provider ID:* 26600
*Board Certified Specialty:* Yes
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: G64989
*NPI:* 1134144454
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MCCALLION, PATRICK G , MD**
*Provider ID:* 26600
*Board Certified Specialty:* Yes
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: G64989
*NPI:* 1134144454

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOLES, JEREMIAH J , MD**
*Provider ID:* 46814
*Board Certified Specialty:* No
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A112009
*NPI:* 1003067745
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic, Farsi, Spanish, Tongan
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOLES, JEREMIAH J**
*Provider ID:* 46814
*Board Certified Specialty:* No
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A112009
*NPI:* 1003067745
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic, Farsi, Spanish, Tongan
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATSIAS, ALEXIS, MD**
*Provider ID:* 243551
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942-3021
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Female
*License number*: A160436
*NPI:* 1326452855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PITZER, GEOFFREY B , MD**
*Provider ID:* 103378
*Board Certified Specialty:* Yes
EAR NOSE AND THROAT OF

SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A125888
*NPI:* 1770673238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PITZER, GEOFFREY B**
*Provider ID:* 103378
*Board Certified Specialty:* Yes
MOUNTAIN HLTH & COMM SERVICES
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A125888
*NPI:* 1770673238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PITZER, GEOFFREY B , MD**
*Provider ID:* 103378
*Board Certified Specialty:* Yes
MOUNTAIN HLTH & COMM SERVICES
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A125888
*NPI:* 1770673238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PITZER, GEOFFREY B**
*Provider ID:* 103378
*Board Certified Specialty:* Yes
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A125888
*NPI:* 1770673238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SCHALCH LEPE, PAUL, MD**
*Provider ID:* 122525
*Board Certified Specialty:* No
MOUNTAIN HLTH & COMM SERVICES
5565 GROSSMONT CENTER DR
LA MESA, CA 91942-3020
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A92839
*NPI:* 1558550053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SCHALCH LEPE, PAUL, MD**
*Provider ID:* 269980
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942-3021
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: A92839
*NPI:* 1558550053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SKELTON, SEAN C**
*Provider ID:* 122638
*Board Certified Specialty:* Yes
EAR NOSE AND THROAT OF SAN DIEGO A MED CORP
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: 20A7852
*NPI:* 1063592277
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SKELTON, SEAN C**
*Provider ID:* 269028
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 3 # 101
LA MESA, CA 91942-3007

*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Male
*License number*: 20A7852
*NPI:* 1063592277
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## PEDIATRIC EMERGENCY MEDICINE

**JOSHI, WEENA E**
*Provider ID:* 262233
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A91208
*NPI:* 1376862177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANTHARIA, TINA H**
*Provider ID:* 206290
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR # 22
LA MESA, CA 91942-3020
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VARGAS, JACLYN**
*Provider ID:* 285936
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A144447
*NPI:* 1619359718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac Usc Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC INFECTIOUS DISEASES

**CHRISTMAN, JAMESINA C**
*Provider ID:* 259981
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A93574
*NPI:* 1538372032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/19
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC PULMONOLOGY

**DUONG, THU A**
*Provider ID:* 260355
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**ADIGOPULA, BINA, MD**
*Provider ID:* 218149
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6942 UNIVERSITY AVE STE A
LA MESA, CA 91942-5963
*Phone:* (619) 698-2184
*Fax:* (619) 698-2084
*After Hours Phone:* (619) 698-2184
*Provider Gender:* Female
*License number*: A45273
*NPI:* 1982686200
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CLAY, CORRIE T**
*Provider ID:* 278807
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
*Phone:* (619) 464-6434
*Fax:* (619) 464-5109
*After Hours Phone:* (619) 464-6434
*Provider Gender:* Female
*License number*: A91977
*NPI:* 1437207750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6PM, SA 11:30AM-3:30PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**DE LA ROSA, IVONNE E**
*Provider ID:* 206028
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A49734
*NPI:* 1174695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUONG, THU A**
*Provider ID:* 103010
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:*
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANGLEY, GREGORY H**
*Provider ID:* 205699
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Male
*License number*: G88047
*NPI:* 1427049675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, PAUL C**
*Provider ID:* 276193
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Male
*License number*: A54747
*NPI:* 1841202710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SARWAR, NADIA**
*Provider ID:* 257470
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
5565 GROSSMONT CENTER DR STE 2 # 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:* (619) 713-5379
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: C53771
*NPI:* 1093729022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**WANG, EMILY J**
*Provider ID:* 126803
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5565 GROSSMONT CENTER DR STE 2
LA MESA, CA 91942-3037
*Phone:* (619) 713-5375
*Fax:*
*After Hours Phone:* (619) 713-5375
*Provider Gender:* Female
*License number*: A89393
*NPI:* 1427142363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICIANS ASSISTANT

**BARKER, SCOTT H**
*Provider ID:* 269071
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 112
LA MESA, CA 91942-3021
*Phone:* (619) 465-0083
*Fax:* (619) 465-2267
*After Hours Phone:* (619) 465-0083
*Provider Gender:* Male
*License number*: PA22121
*NPI:* 1073886289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELO, KRISTIN M , NPA**
*Provider ID:* 241862
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 644-3030
*Fax:* (619) 644-3083
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: PA19305
*NPI:* 1164664306
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KEYES, AMY J , NPA**
*Provider ID:* 247011
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 101
LA MESA, CA 91942-3021
*Phone:* (619) 464-3353
*Fax:* (619) 464-6720
*After Hours Phone:* (619) 464-3353
*Provider Gender:* Female
*License number*: PA56805
*NPI:* 1689046310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sutter Solano Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAYMOND, ALAIN L , NPA**
*Provider ID:* 269057
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: PA21466
*NPI:* 1164729125
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SACKNOFF, STEFANIE S**
*Provider ID:* 268946
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: PA51280
*NPI:* 1720418833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**SUNA SITTO, MOHEEN**
*Provider ID:* 269776
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7051 ALVARADO RD # 101
LA MESA, CA 91942-8901
*Phone:* (619) 625-1144
*Fax:*
*After Hours Phone:* (619) 625-1144
*Provider Gender:* Female
*License number*: PA22855
*NPI:* 1497196729
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WRAY, AMY G**
*Provider ID:* 268840
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 644-3030
*Fax:* (619) 644-3638
*After Hours Phone:* (619) 644-3030
*Provider Gender:* Female
*License number*: PA17578

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1396762076
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PODIATRIST

**COLLINS, MICHAEL L**
*Provider ID:* 108901
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (619) 441-9811
*Fax:* (619) 425-0539
*After Hours Phone:* (619) 441-9811
*Provider Gender:* Male
*License number*: DPM5146
*NPI:* 1912294711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**VALLONE, MELCHIOR P**
*Provider ID:* 26555
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5129 GARFIELD ST
LA MESA, CA 91941-5103
*Phone:* (619) 465-3200
*Fax:* (619) 465-3700
*After Hours Phone:* (619) 465-3200
*Provider Gender:* Male
*License number*: DPM2201
*NPI:* 1093998965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH 9AM-4PM, W,SA 9AM-5PM, F 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PULMONARY DISEASES

**AL-NASER, RAED A**
*Provider ID:* 57289
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 461-1920
*Fax:*
*After Hours Phone:* (619) 461-1920
*Provider Gender:* Male
*License number*: A71932
*NPI:* 1770589293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAGHERI, KAVEH**
*Provider ID:* 57290
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A52496
*NPI:* 1174542252
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SU 2AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POKALA, SATHYA P**
*Provider ID:* 57292
*Board Certified Specialty:* No
SAN DIEGO CRITICAL CARE MED GRP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 713-5014
*Fax:*
*After Hours Phone:* (619) 713-5014
*Provider Gender:* Male
*License number*: A51070
*NPI:* 1972523769
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIATION ONCOLOGY

**COLEMAN, LORI A , MD**
*Provider ID:* 221089
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 644-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 644-4500
*Provider Gender:* Female
*License number*: G78635
*NPI:* 1053348920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DEWITT, KELLY D , MD**
*Provider ID:* 206385
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4500
*Fax:* (619) 740-4547
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Female
*License number*: A74873
*NPI:* 1184668741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**
*Provider ID:* 268785
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Male
*License number*: A99269
*NPI:* 1720314107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEJAVAR, SUNANDA M , MD**
*Provider ID:* 221075
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Female
*License number*: A103733
*NPI:* 1912232513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kannada, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VOLPP, PAUL B , MD**
*Provider ID:* 221104
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Male
*License number*: A86307
*NPI:* 1225186232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WEINSTEIN, GEOFFREY D , MD**
*Provider ID:* 220040
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4500
*Fax:* (619) 740-8499
*After Hours Phone:* (619) 740-4500
*Provider Gender:* Male
*License number*: A54109
*NPI:* 1841233947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**BRANNIGAN, THOMAS J**
*Provider ID:* 114572
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male

*License number*: G65789
*NPI:* 1598710030
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BRANNIGAN, THOMAS J**
*Provider ID:* 41347
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: G65789
*NPI:* 1598710030
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHANG, WEILING**
*Provider ID:* 118293
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Female
*License number*: A90535
*NPI:* 1659326460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELLISON, HARRY P**
*Provider ID:* 114776
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: G50309
*NPI:* 1780639039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELLISON, HARRY P**
*Provider ID:* 114778
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: G50309
*NPI:* 1780639039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**ELLISON, JON G**
*Provider ID:* 111122
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A117199
*NPI:* 1760630669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELLISON, JON G**
*Provider ID:* 111124
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: A117199
*NPI:* 1760630669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JACOBSEN, JAMES C**
*Provider ID:* 114564
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A87878
*NPI:* 1356394811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JACOBSEN, JAMES C**
*Provider ID:* 114567
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: A87878
*NPI:* 1356394811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LIU, JENNA I**
*Provider ID:* 269009
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 461-1830
*Fax:*
*After Hours Phone:* (619) 461-1830
*Provider Gender:* Female
*License number*: A91263
*NPI:* 1952514978
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, BRIAN S**
*Provider ID:* 115375
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: G68336
*NPI:* 1831144005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAUMANN, MICHAEL T**
*Provider ID:* 113619
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942-3129
*Phone:* (619) 461-1830
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 461-1830
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAUMANN, MICHAEL T**
*Provider ID:* 113621
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAUMANN, MICHAEL T**
*Provider ID:* 113622
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAUMANN, MICHAEL T , MD**
*Provider ID:* 269664

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942-3129
*Phone:* (619) 461-1830
*Fax:* (619) 258-8553
*After Hours Phone:* (619) 461-1830
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAUMANN, MICHAEL T , MD**
*Provider ID:* 269665
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SUN, ALEX W**
*Provider ID:* 268633
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4008
*Fax:*
*After Hours Phone:* (619) 740-4008
*Provider Gender:* Male
*License number*: A133334
*NPI:* 1538502331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TROUT, TERE E**
*Provider ID:* 115359
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:*
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Female
*License number*: G70276
*NPI:* 1649223140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TROUT, TERE E**
*Provider ID:* 41265
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Female
*License number*: G70276

*NPI:* 1649223140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**URIOSTE, ALEXANDER S**
*Provider ID:* 114930
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A78795
*NPI:* 1528011020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**URIOSTE, ALEXANDER S**
*Provider ID:* 114936
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: A78795
*NPI:* 1528011020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKATESH, VIJAY B**
*Provider ID:* 114938
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:*
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A94476
*NPI:* 1689627085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKATESH, VIJAY B**
*Provider ID:* 114942
*Board Certified Specialty:* No
X RAY MEDICAL GROUP INC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-4045
*Fax:* (619) 668-0377
*After Hours Phone:* (619) 740-4045
*Provider Gender:* Male
*License number*: A94476
*NPI:* 1689627085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**RADIOLOGY DIAGNOSTIC**

**MORTEZAIE, ALAN R**
*Provider ID:* 268883
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (661) 326-9600
*Fax:*
*After Hours Phone:* (661) 326-9600
*Provider Gender:* Male
*License number*: A116100
*NPI:* 1013112820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Bakersfield Memorial Hosp, Mercy Hospital Bakersfield
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TIEFENBRUN, JONATHAN, MD**
*Provider ID:* 268966
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 505
LA MESA, CA 91942-3059
*Phone:* (619) 461-3880
*Fax:* (619) 461-3895
*After Hours Phone:* (619) 461-3880
*Provider Gender:* Male
*License number*: G85951
*NPI:* 1265437727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RADIOLOGY**

**BRANNIGAN, THOMAS J**
*Provider ID:* 269041
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 460-2770
*Fax:* (619) 740-5150
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: G65789
*NPI:* 1598710030
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHANG, WEILING**
*Provider ID:* 269040
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 460-2770
*Fax:*
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Female
*License number*: A90535
*NPI:* 1659326460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELLISON, HARRY P**
*Provider ID:* 268985
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR # 1

LA MESA, CA 91942-3019
*Phone:* (619) 740-5100
*Fax:* (619) 740-8100
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: G50309
*NPI:* 1780639039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELLISON, JON G**
*Provider ID:* 268993
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 460-2774
*Fax:*
*After Hours Phone:* (619) 460-2774
*Provider Gender:* Male
*License number*: A117199
*NPI:* 1760630669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HA, TUAN X**
*Provider ID:* 268900
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (508) 295-7271
*Fax:*
*After Hours Phone:* (508) 295-7271
*Provider Gender:* Male
*License number*: C131942
*NPI:* 1285673699
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HONOWITZ, SCOTT C**
*Provider ID:* 268846
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (508) 295-7271
*Fax:*
*After Hours Phone:* (508) 295-7271
*Provider Gender:* Male
*License number*: A134287
*NPI:* 1346684156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JACOBSEN, JAMES C , MD**
*Provider ID:* 243974
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942-3129
*Phone:* (619) 460-2770
*Fax:* (619) 749-6174
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: A87878
*NPI:* 1356394811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont

Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SU 7AM-7PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JACOBSEN, JAMES C , MD**
*Provider ID:* 243975
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: A87878
*NPI:* 1356394811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SU 7AM-7PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LANCE, VALENTIN A**
*Provider ID:* 268974
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (800) 841-5200
*Fax:*
*After Hours Phone:* (800) 841-5200
*Provider Gender:* Male
*License number*: A118759
*NPI:* 1720303191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, BRIAN S , MD**
*Provider ID:* 243959
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942-3129
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: G68336
*NPI:* 1831144005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, BRIAN S , MD**
*Provider ID:* 243960
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: G68336
*NPI:* 1831144005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TROUT, TERE E**
*Provider ID:* 268982
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 460-2770
*Fax:* (619) 740-5150
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Female
*License number*: G70276
*NPI:* 1649223140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**URIOSTE, ALEXANDER S**
*Provider ID:* 269251
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: A78795
*NPI:* 1528011020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKATESH, VIJAY B , MD**
*Provider ID:* 269659
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8860 CENTER DR STE 100
LA MESA, CA 91942-7000
*Phone:* (619) 740-5100
*Fax:* (619) 740-8100
*After Hours Phone:* (619) 740-5100
*Provider Gender:* Male
*License number*: A94476
*NPI:* 1689627085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKATESH, VIJAY B , MD**
*Provider ID:* 269660
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8881 FLETCHER PKWY STE 102
LA MESA, CA 91942-3129
*Phone:* (619) 461-1830
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 461-1830
*Provider Gender:* Male
*License number*: A94476
*NPI:* 1689627085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RHEUMATOLOGY

**KOTHA, AKTHER J**
*Provider ID:* 29099
*Board Certified Specialty:* No
PURUSHOTHAM AND AKTHER KOTHA MD INC
8860 CENTER DR STE 400
LA MESA, CA 91942-7003
*Phone:* (619) 229-1995
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 229-1995
*Provider Gender:* Female
*License number*: A45440
*NPI:* 1780609503

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Hindi, Spanish, Telugu, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOTHA, AKTHER J**
*Provider ID:* 29099
*Board Certified Specialty:* No
PURUSHOTHAM AND AKTHER KOTHA MD INC
8860 CENTER DR STE 400
LA MESA, CA 91942-7003
*Phone:* (619) 229-1995
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 229-1995
*Provider Gender:* Female
*License number*: A45440
*NPI:* 1780609503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Hindi, Spanish, Telugu, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOTHA, ROSHAN**
*Provider ID:* 63454
*Board Certified Specialty:* No
PURUSHOTHAM AND AKTHER KOTHA MD INC
8860 CENTER DR STE 400
LA MESA, CA 91942-7003
*Phone:* (619) 229-1995
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 229-1995
*Provider Gender:* Female
*License number*: A106044
*NPI:* 1417117839
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOTHA, ROSHAN, MD**
*Provider ID:* 63454
*Board Certified Specialty:* No
PURUSHOTHAM AND AKTHER KOTHA MD INC
8860 CENTER DR STE 400
LA MESA, CA 91942-7003
*Phone:* (619) 229-1995
*Fax:* (619) 229-1109
*After Hours Phone:* (619) 229-1995
*Provider Gender:* Female
*License number*: A106044
*NPI:* 1417117839
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY GENERAL

**LIN, HONG-DER**
*Provider ID:* 284965
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 1 # 221
LA MESA, CA 91942-3000
*Phone:* (619) 462-8100
*Fax:* (619) 462-7933
*After Hours Phone:* (619) 462-8100
*Provider Gender:* Male
*License number*: C42964
*NPI:* 1174539035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ORR, CARL E , MD**
*Provider ID:* 26549
*Board Certified Specialty:* No
GROSSMONT SURGICAL ASSOCS A MED CORP
5565 GROSSMONT CENTER DR STE 221
LA MESA, CA 91942-3022
*Phone:* (619) 462-8100
*Fax:* (619) 462-7933
*After Hours Phone:* (619) 462-8100
*Provider Gender:* Male
*License number*: G58899
*NPI:* 1730195694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Mandarin, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY ORTHOPEDIC

**ALLSING, STEVEN R , MD**
*Provider ID:* 211762
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5565 GROSSMONT CENTER DR STE 1 # 112
LA MESA, CA 91942-3000
*Phone:* (619) 465-0083
*Fax:* (619) 465-2267
*After Hours Phone:* (619) 465-0083
*Provider Gender:* Male
*License number*: G84903
*NPI:* 1538274709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,TH 9AM-5PM, TU 8AM-4PM, F 9AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BAGHERI, ALI**
*Provider ID:* 125035
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (619) 441-9811
*Fax:* (619) 401-8766
*After Hours Phone:* (619) 441-9811
*Provider Gender:* Male
*License number*: A123272
*NPI:* 1760632947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BALLARD, BROOKE L**
*Provider ID:* 262205
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 350
LA MESA, CA 91942-7003
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Female
*License number*: A104161
*NPI:* 1841447950
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BATES, JAMES E**
*Provider ID:* 262141
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 350A
LA MESA, CA 91942-7003
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G73930
*NPI:* 1174692206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**FINKENBERG, JOHN G**
*Provider ID:* 262200
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 350
LA MESA, CA 91942-7003
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G56283
*NPI:* 1285703413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**JACOBSON, MARK D**
*Provider ID:* 262261
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 350
LA MESA, CA 91942-7003
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G71151
*NPI:* 1760551915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F,SA 9AM-5PM, TH 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P , MD**
*Provider ID:* 44005
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (619) 441-9811
*Fax:* (619) 401-8766
*After Hours Phone:* (619) 441-9811
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P**
*Provider ID:* 44005
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (619) 441-9811
*Fax:* (619) 401-8766
*After Hours Phone:* (619) 441-9811
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICKARDS, ENASS N**
*Provider ID:* 125036
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (858) 455-6460
*Fax:* (619) 401-8766
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Female
*License number*: G79785
*NPI:* 1609850080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH,SA 9AM-5PM, F 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICKARDS, ENASS N , MD**
*Provider ID:* 268907
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (858) 455-6460
*Fax:* (619) 401-8766
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Female
*License number*: G79785
*NPI:* 1609850080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH,SA 9AM-5PM, F 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFIELD, ALAN L**
*Provider ID:* 262175
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062

*Phone:* (858) 455-6460
*Fax:* (619) 401-8766
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RYNNING, RALPH E**
*Provider ID:* 262194
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8860 CENTER DR STE 350
LA MESA, CA 91942-7003
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: A103946
*NPI:* 1952595316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Norwegian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A**
*Provider ID:* 262104
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8851 CENTER DR STE 601
LA MESA, CA 91942-3062
*Phone:* (858) 455-6460
*Fax:* (619) 401-8766
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: A94408
*NPI:* 1831149970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## SURGERY THORACIC

**KOUMJIAN, MICHAEL P**
*Provider ID:* 26527
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5525 GROSSMONT CENTER DR STE 609
LA MESA, CA 91942-3009
*Phone:* (619) 466-5700
*Fax:* (619) 460-8975
*After Hours Phone:* (619) 466-5700
*Provider Gender:* Male
*License number*: G37886
*NPI:* 1366403321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Loma Linda University Med Ctr Murrieta, Alvarado Hospital Llc, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## UROLOGY

**DATO, PAUL E , MD**
*Provider ID:* 112527
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A43540
*NPI:* 1588632715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DATO, PAUL E**
*Provider ID:* 116241
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (619) 697-2494
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A43540
*NPI:* 1588632715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KEARSE, WILFRED S**
*Provider ID:* 268850
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: G83318
*NPI:* 1144232778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SALMASI, AMIRALI, MD**
*Provider ID:* 129643
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A135118
*NPI:* 1609187962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**SIEGEL, JORDAN A**
*Provider ID:* 101015
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A110507
*NPI:* 1275865958
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TANAGHO, YOUSSEF, MD**
*Provider ID:* 124747
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:* (858) 429-7930
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A125924
*NPI:* 1003029372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Grossmont Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TANAGHO, YOUSSEF**
*Provider ID:* 125197
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
8851 CENTER DR STE 501
LA MESA, CA 91942-3033
*Phone:* (619) 697-2456
*Fax:*
*After Hours Phone:* (619) 697-2456
*Provider Gender:* Male
*License number*: A125924
*NPI:* 1003029372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French
*Cultural Competency:* No
*Hospital Affiliation:* Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Grossmont Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## LAKESIDE

### CHIROPRACTOR

**HOURIHAN, KEITH M**
*Provider ID:* 257549
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Provider Gender:* Male
*License number*: DC29314
*NPI:* 1306916994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**ZECHA, RONALD S**
*Provider ID:* 290677
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Provider Gender:* Male
*License number*: DC28605
*NPI:* 1427252121
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**FAMILY PRACTICE**

**MARSHALL, LARRY J**
*Provider ID:* 37825
*Board Certified Specialty:* No
LARRY J MARSHALL MD
12517 LAKESHORE DR
LAKESIDE, CA 92040-3103
*Phone:* (619) 443-3843
*Fax:* (619) 390-1810
*After Hours Phone:* (619) 443-3843
*Provider Gender:* Male
*License number*: A52344
*NPI:* 1114018132
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## LEMON GROVE

**CERTIFIED NURSE PRACTITIONER**

**TOTH, JESSICA R**
*Provider ID:* 107200
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: NP95001050
*NPI:* 1578993788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**FAMILY PRACTICE**

**KIM, YUHEE**
*Provider ID:* 63465
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A107323
*NPI:* 1629289400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114835
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-LEMON GROVE
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127442
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127379
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114878
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120516
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 115430
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115047
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130081
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-LEMON GROVE
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450

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*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114810
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-LEMON GROVE
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 114833
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-LEMON GROVE
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2500
*Fax:*
*After Hours Phone:* (619) 515-2500
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

### PHYSICIANS ASSISTANT

**FLEMING, DAVID E**
*Provider ID:* 115067
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2550
*Fax:*
*After Hours Phone:* (619) 515-2550
*Provider Gender:* Male
*License number*: PA12416
*NPI:* 1932329505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, T
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Lemon Grove Family Health Center
*IPA:*

## NATIONAL CITY

### ANESTHESIOLOGY PAIN MANAGEMENT

**WYNN, BRENTON D , MD**
*Provider ID:* 268987
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
502 EUCLID AVE STE 200
NATIONAL CITY, CA
91950-2984
*Phone:* (619) 434-4019
*Fax:* (877) 264-8373
*After Hours Phone:* (619) 434-4019
*Provider Gender:* Male
*License number*: A73257
*NPI:* 1528069820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOLOGY

**CAMACHO, BENJAMIN O , MD**
*Provider ID:* 269129
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1615 SWEETWATER RD
NATIONAL CITY, CA
91950-7655
*Phone:* (619) 474-2233
*Fax:* (619) 474-2211
*After Hours Phone:* (619) 474-2233
*Provider Gender:* Male
*License number*: A52660
*NPI:* 1699759936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMACHO, BENJAMIN O**
*Provider ID:* 35045
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1615 SWEETWATER RD
NATIONAL CITY, CA
91950-7655
*Phone:* (619) 474-2233
*Fax:* (619) 474-2211
*After Hours Phone:* (619) 474-2233
*Provider Gender:* Male
*License number*: A52660
*NPI:* 1699759936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DUBEY, RAJESH K**
*Provider ID:* 269343
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2953
*Phone:* (209) 521-9661
*Fax:*
*After Hours Phone:* (209) 521-9661
*Provider Gender:* Male
*License number*: A83527
*NPI:* 1225011299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Medical Center, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FERNANDEZ, GENARO C , MD**
*Provider ID:* 121669
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 201
NATIONAL CITY, CA
91950-2952
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Provider Gender:* Male
*License number*: A45754
*NPI:* 1871504498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FERNANDEZ, GENARO, MD**
*Provider ID:* 268889
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 201
NATIONAL CITY, CA
91950-2952
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Provider Gender:* Male
*License number*: A122302
*NPI:* 1073768891
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Grossmont Hospital, Alvarado Hosp Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FERNANDEZ, GENARO C**
*Provider ID:* 27197
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE STE 201
NATIONAL CITY, CA
91950-2952
*Phone:* (619) 267-8181
*Fax:* (619) 479-6750
*After Hours Phone:* (619) 267-8181
*Provider Gender:* Male
*License number*: A45754
*NPI:* 1871504498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NANAVATI, VIMAL I**
*Provider ID:* 269553
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2345 E 8TH ST STE 111
NATIONAL CITY, CA
91950-2861
*Phone:* (619) 585-0476
*Fax:* (619) 732-0030
*After Hours Phone:* (619) 585-0476
*Provider Gender:* Male
*License number*: G83522
*NPI:* 1851408082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Community Hospital, Paradise Valley Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**OVIEDO-LINARES, RAUL, MD**
*Provider ID:* 269140
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
502 EUCLID AVE STE 104
NATIONAL CITY, CA
91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: A76050
*NPI:* 1972533941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PANDHI, JAY N , MD**
*Provider ID:* 269087
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 208
NATIONAL CITY, CA
91950-2969
*Phone:* (619) 512-1915
*Fax:* (619) 512-1913
*After Hours Phone:* (619) 512-1915
*Provider Gender:* Male
*License number*: C56015
*NPI:* 1407997406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROUGH, STEVEN J , MD**
*Provider ID:* 269349
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1615 SWEETWATER RD STE D
NATIONAL CITY, CA
91950-7655
*Phone:* (619) 474-2233
*Fax:* (619) 474-2211
*After Hours Phone:* (619) 474-2233
*Provider Gender:* Male
*License number*: A124001
*NPI:* 1386821460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROUGH, STEVEN J , MD**
*Provider ID:* 269350
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
502 EUCLID AVE STE 104
NATIONAL CITY, CA
91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: A124001
*NPI:* 1386821460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WYSOCZANSKI, MARIUSZ W**
*Provider ID:* 78417
*Board Certified Specialty:* No
HEART HEALTH CENTER OF SAN DIEGO A MEDICAL CORPORATION
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: C55986
*NPI:* 1659535656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## CARDIOVASCULAR DISEASE

**OVIEDO-LINARES, RAUL**
*Provider ID:* 125051
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: A76050
*NPI:* 1972533941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROUGH, STEVEN J**
*Provider ID:* 262117
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: A124001
*NPI:* 1386821460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROUGH, STEVEN J**
*Provider ID:* 80909
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1615 SWEETWATER RD STE D
NATIONAL CITY, CA 91950-7655

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*Phone:* (619) 474-2233
*Fax:* (619) 474-2211
*After Hours Phone:* (619) 474-2233
*Provider Gender:* Male
*License number*: A124001
*NPI:* 1386821460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WYSOCZANSKI, MARIUSZ W**
*Provider ID:* 78417
*Board Certified Specialty:* No
HEART HEALTH CENTER OF SAN DIEGO A MEDICAL CORPORATION
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950-2959
*Phone:* (619) 434-4288
*Fax:*
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: C55986
*NPI:* 1659535656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## CERTIFIED NURSE PRACTITIONER

**AQUINO, FELINO V**
*Provider ID:* 244332
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2101 GRANGER AVE # 101A
NATIONAL CITY, CA 91950-6208
*Phone:* (844) 200-2426
*Fax:* (619) 434-9853
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**AQUINO, FELINO V**
*Provider ID:* 244335
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950-7410
*Phone:* (844) 200-2426
*Fax:* (619) 474-3919
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**AQUINO, FELINO V**
*Provider ID:* 98698
*Board Certified Specialty:* No
OPERATION SAMAHAN INC
2743 HIGHLAND AVE

NATIONAL CITY, CA
91950-7410
*Phone:* (619) 474-2284
*Fax:*
*After Hours Phone:* (619) 474-2284
*Provider Gender:* Male
*License number*: NP22974
*NPI:* 1356684781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BERNARDO-GREGORY, ELSIE S , NPA**
*Provider ID:* 244833
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2835 HIGHLAND AVE STE B
NATIONAL CITY, CA
91950-7406
*Phone:* (844) 200-2426
*Fax:* (619) 477-2628
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP15257
*NPI:* 1588808349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DACANAY-HERMAN, ROWENA S**
*Provider ID:* 127238
*Board Certified Specialty:* No
OPERATION SAMAHAN - NATIONAL C
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP22378
*NPI:* 1144689175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - National C
*IPA:*

**KHAN, MATTHEW P**
*Provider ID:* 238376
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1428 HIGHLAND AVE
NATIONAL CITY, CA
91950-4624
*Phone:* (619) 474-2284
*Fax:*
*After Hours Phone:* (619) 474-2284
*Provider Gender:* Male
*License number*: NP17838
*NPI:* 1942456124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LIM, IMELDA B**
*Provider ID:* 116924
*Board Certified Specialty:* No
OPERATION SAMAHAN INC
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426

*Provider Gender:* Female
*License number*: NP95000203
*NPI:* 1093130395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REAL, MARIA F**
*Provider ID:* 105583
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Provider Gender:* Female
*License number*: NP17328
*NPI:* 1548450471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

**REID, EMILY**
*Provider ID:* 107174
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Provider Gender:* Female
*License number*: NP95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

**WILLIAMS, BREAHNA A**
*Provider ID:* 115127
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:*
*After Hours Phone:* (619) 434-7308
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

## DERMATOLOGY

**BROGAN, JACQUELINE L , MD**
*Provider ID:* 265250
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female

*License number*: A160890
*NPI:* 1801273479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CELANO, NICHOLAS J**
*Provider ID:* 102706
*Board Certified Specialty:* Yes
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: A120411
*NPI:* 1457662264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CELANO, NICHOLAS J**
*Provider ID:* 291163
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2974
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: A120411
*NPI:* 1457662264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHIANG, JENNIFER Y**
*Provider ID:* 262273
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female
*License number*: A120528
*NPI:* 1457656738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHIANG, JENNIFER Y**
*Provider ID:* 291162
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2974
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female

*License number*: A120528
*NPI:* 1457656738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CROWLEY, CHRISTOPHER S**
*Provider ID:* 291158
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2974
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: A134188
*NPI:* 1962836783
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NELSON, AISLYN M**
*Provider ID:* 291191
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2974
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female
*License number*: A147913
*NPI:* 1154717288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RESH, WILLIAM F**
*Provider ID:* 124997
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: C34661
*NPI:* 1154309862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RESH, WILLIAM F , MD**
*Provider ID:* 269100
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: C34661
*NPI:* 1154309862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SATEESH, BROOKE R**
*Provider ID:* 124998
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female
*License number*: A109670
*NPI:* 1164565339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SATEESH, BROOKE R**
*Provider ID:* 291198
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2974
*Phone:* (619) 267-8303
*Fax:* (619) 267-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Female
*License number*: A109670
*NPI:* 1164565339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**UEBELHOER, NATHAN S**
*Provider ID:* 125008
*Board Certified Specialty:* No
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 428-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: 20A9328
*NPI:* 1659344513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**UEBELHOER, NATHAN S , MD**
*Provider ID:* 269137
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 401
NATIONAL CITY, CA
91950-2978
*Phone:* (619) 267-8303
*Fax:* (619) 428-4835
*After Hours Phone:* (619) 267-8303
*Provider Gender:* Male
*License number*: 20A9328
*NPI:* 1659344513

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## FAMILY PRACTICE

**BAEZ, BEATRICE E**
*Provider ID:* 47984
*Board Certified Specialty:* No
OPERATION SAMAHAN - NATIONAL C
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950-7410
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: A74777
*NPI:* 1245372507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:* www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - National C
*IPA:*

**MOYA, MARY R**
*Provider ID:* 118066
*Board Certified Specialty:* No
OPERATION SAMAHAN INC
2835 HIGHLAND AVE STE A
NATIONAL CITY, CA 91950-7406
*Phone:* (844) 200-2426
*Fax:* (619) 434-8999
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: A80185
*NPI:* 1093844417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE

**WYSOCZANSKI, MARIUSZ W , MD**
*Provider ID:* 269007
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950-2959
*Phone:* (619) 434-4288
*Fax:* (619) 434-4315
*After Hours Phone:* (619) 434-4288
*Provider Gender:* Male
*License number*: C55986
*NPI:* 1659535656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEPHROLOGY

**CALDERON MOLINA, JUAN S , MD**
*Provider ID:* 109336
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303

NATIONAL CITY, CA
91950-2975
*Phone:* (619) 585-4370
*Fax:* (619) 585-4033
*After Hours Phone:* (619) 585-4370
*Provider Gender:* Male
*License number*: C143845
*NPI:* 1366626467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CALDERON MOLINA, JUAN S**
*Provider ID:* 109336
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303
NATIONAL CITY, CA
91950-2975
*Phone:* (619) 475-4900
*Fax:*
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: C143845
*NPI:* 1366626467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CALDERON MOLINA, JUAN S**
*Provider ID:* 262118
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 303
NATIONAL CITY, CA
91950-2975
*Phone:* (619) 585-4370
*Fax:* (619) 585-4033
*After Hours Phone:* (619) 585-4370
*Provider Gender:* Male
*License number*: C143845
*NPI:* 1366626467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MAA CHIP, FHARAK**
*Provider ID:* 262271
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 303
NATIONAL CITY, CA
91950-2975
*Phone:* (619) 475-4900
*Fax:* (619) 475-8373
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A117604
*NPI:* 1245518414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MAA CHIP, FHARAK, MD**
*Provider ID:* 84000
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950-2975
*Phone:* (619) 475-4900
*Fax:* (619) 475-8373
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A117604
*NPI:* 1245518414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MAA CHIP, FHARAK**
*Provider ID:* 84000
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950-2975
*Phone:* (619) 475-4900
*Fax:*
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A117604
*NPI:* 1245518414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SACAMAY, TAGUMPAY E**
*Provider ID:* 262201
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950-2975
*Phone:* (619) 475-4900
*Fax:* (619) 475-8373
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A62631
*NPI:* 1407851041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SACAMAY, TAGUMPAY E , MD**
*Provider ID:* 26710
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950-2975
*Phone:* (619) 475-4900
*Fax:* (619) 475-8373
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A62631
*NPI:* 1407851041
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SACAMAY, TAGUMPAY E**
*Provider ID:* 26710
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
655 EUCLID AVE STE 303
NATIONAL CITY, CA
91950-2975
*Phone:* (619) 475-4900
*Fax:* (619) 267-6644
*After Hours Phone:* (619) 475-4900
*Provider Gender:* Male
*License number*: A62631
*NPI:* 1407851041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OBSTETRICS / GYNECOLOGY

**DEL ROSARIO, GELEN R**
*Provider ID:* 206092
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
502 EUCLID AVE STE 300
NATIONAL CITY, CA
91950-2950
*Phone:* (619) 475-1261
*Fax:* (619) 475-1267
*After Hours Phone:* (619) 475-1261
*Provider Gender:* Female
*License number*: A113471
*NPI:* 1255643474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

**DEL ROSARIO, GELEN R**
*Provider ID:* 257478
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
502 EUCLID AVE STE 300
NATIONAL CITY, CA
91950-2950
*Phone:* (619) 475-1261
*Fax:* (619) 475-1267
*After Hours Phone:* (619) 475-1261
*Provider Gender:* Female
*License number*: A113471
*NPI:* 1255643474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

**DEL ROSARIO, GELEN R , MD**
*Provider ID:* 269247
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

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NATIONAL CITY, CA
91950-2950
*Phone:* (619) 475-1261
*Fax:* (619) 475-1267
*After Hours Phone:* (619) 475-1261
*Provider Gender:* Female
*License number*: A113471
*NPI:* 1255643474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

**HARDER, ELMER W**
*Provider ID:* 26687
*Board Certified Specialty:* No
SOUTH BAY OB GYN MED GRP INC
655 EUCLID AVE STE 409
NATIONAL CITY, CA
91950-2981
*Phone:* (619) 267-8313
*Fax:*
*After Hours Phone:* (619) 267-8313
*Provider Gender:* Male
*License number*: A38000
*NPI:* 1215014428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, AI WEI**
*Provider ID:* 26930
*Board Certified Specialty:* No
SOUTH BAY OB GYN MED GRP INC
655 EUCLID AVE STE 409
NATIONAL CITY, CA
91950-2981
*Phone:* (619) 267-8313
*Fax:* (619) 472-2008
*After Hours Phone:* (619) 267-8313
*Provider Gender:* Male
*License number*: A91882
*NPI:* 1548339534
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## OPHTHALMOLOGY

**ABDALLAH, WALID F , MD**
*Provider ID:* 266063
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A146829
*NPI:* 1871912717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital Los Angeles, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARRABY, ARNETT, MD**
*Provider ID:* 268383
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: G47836
*NPI:* 1366530792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Pioneers Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHANG, TOM S , MD**
*Provider ID:* 270365
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F G
NATIONAL CITY, CA
91950-5165
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Armenian, Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**
*Provider ID:* 268352
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A121431
*NPI:* 1770801540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLLOGLY, HEIDRUN E**
*Provider ID:* 125022
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GOLLOGLY, HEIDRUN E , MD**
*Provider ID:* 269126
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HAIGHT, BRUCE T , MD**
*Provider ID:* 269113
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KHANDAN, SARA, MD**
*Provider ID:* 268351
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A155828
*NPI:* 1063850808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Hemet Valley Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KOWNACKI, JOHN**
*Provider ID:* 262427
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G84672
*NPI:* 1225189418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MANI, MAJID, MD**
*Provider ID:* 268295
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A60640
*NPI:* 1043261373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MANI, NASRIN, MD**
*Provider ID:* 269201
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269700
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F
NATIONAL CITY, CA
91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269701
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE G
NATIONAL CITY, CA
91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262444
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2240 E PLAZA BLVD STE G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G**
*Provider ID:* 262445
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2240 E PLAZA BLVD STE F
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 268954
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 268955
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 236-7822
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 108014
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 121358
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 5/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH 8:30AM-6PM, W,F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 262324
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2220 E PLAZA BLVD STE H
NATIONAL CITY, CA 91950-5162
*Phone:* (619) 470-2700
*Fax:*
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269180
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302

NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH 8:30AM-6PM, W,F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269181
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA
91950-5165
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOSS, JASON M , MD**
*Provider ID:* 268290
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A130529
*NPI:* 1386961423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PAPASTERGIOU, GEORGIOS, MD**
*Provider ID:* 268327
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A127706
*NPI:* 1790054393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE**
*Provider ID:* 262320
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268742
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262404
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268800
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PEAIRS, JAMES J , MD**
*Provider ID:* 268366
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A155296
*NPI:* 1609135623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PONS, MAURICIO E , MD**
*Provider ID:* 268353
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA 91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PRABHU, SUJATA P**
*Provider ID:* 262394
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA 91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 262397
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268921
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F AND G
NATIONAL CITY, CA
91950-5165
*Phone:* (619) 470-2700
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 470-2700
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RAJSBAUM, MARTIN, MD**
*Provider ID:* 268294
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A42670
*NPI:* 1912999400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RICE, LAWRENCE S**
*Provider ID:* 262226
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICE, LAWRENCE S , MD**
*Provider ID:* 269039
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SASSANI, PATRICK P , MD**
*Provider ID:* 268285
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A150205
*NPI:* 1033411061
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SKAF, AYHAM R , MD**
*Provider ID:* 268279
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1520 E PLAZA BLVD
NATIONAL CITY, CA
91950-3616
*Phone:* (619) 425-7755
*Fax:* (619) 425-2138
*After Hours Phone:* (619) 425-7755
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**TREGER, PAUL L**
*Provider ID:* 262420
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G26803
*NPI:* 1447311899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TREGER, PAUL L , MD**
*Provider ID:* 268812
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G26803
*NPI:* 1447311899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WAINESS, REID M , MD**
*Provider ID:* 254760
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2240 E PLAZA BLVD STE F
NATIONAL CITY, CA
91950-5165
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108766
*NPI:* 1396935979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 5/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WASSERSTROM, JEFFREY P , MD**
*Provider ID:* 129187
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G54813
*NPI:* 1710922687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**WASSERSTROM, JEFFREY P**
*Provider ID:* 262174
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: G54813
*NPI:* 1710922687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZABANEH, ALEXANDER I**
*Provider ID:* 262169
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZABANEH, ALEXANDER I , MD**
*Provider ID:* 269121
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:* (619) 472-1010
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## PEDIATRICS

**BAILONY, MOHAMMED T**
*Provider ID:* 274980
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950-2967
*Phone:* (619) 470-1945
*Fax:* (619) 475-5048
*After Hours Phone:* (619) 470-1945
*Provider Gender:* Male
*License number*: A34406
*NPI:* 1376625913
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LERIAS, NICHOLAS P**
*Provider ID:* 130009
*Board Certified Specialty:* No
OPERATION SAMAHAN INC
2835 HIGHLAND AVE STE A
NATIONAL CITY, CA
91950-7406
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Male
*License number*: 20A14561
*NPI:* 1952749301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## PHYSICIANS ASSISTANT

**MACASADIA, MARITES N**
*Provider ID:* 268787
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 527-7700
*Fax:* (619) 527-3226
*After Hours Phone:* (619) 527-7700
*Provider Gender:* Female
*License number*: PA15254
*NPI:* 1093743015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PODIATRIST

**AHMED, AISHA**
*Provider ID:* 243131
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1428 HIGHLAND AVE
NATIONAL CITY, CA
91950-4624
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: DPM5369
*NPI:* 1316326382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ATMAR, AKMAL**
*Provider ID:* 269784
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2345 E 8TH ST STE 105
NATIONAL CITY, CA
91950-2866
*Phone:* (929) 287-4511
*Fax:* (877) 671-6835
*After Hours Phone:* (929) 287-4511
*Provider Gender:* Male
*License number*: DPM5295
*NPI:* 1558656637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHISHOLM, JOHN A**
*Provider ID:* 121607
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

610 EUCLID AVE STE 301
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 292-2493
*Fax:* (619) 618-0222
*After Hours Phone:* (619) 292-2493
*Provider Gender:* Male
*License number*: DPM3431
*NPI:* 1396740072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CHISHOLM, JOHN A**
*Provider ID:* 268441
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 301
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 292-2493
*Fax:* (619) 618-0222
*After Hours Phone:* (619) 292-2493
*Provider Gender:* Male
*License number*: DPM3431
*NPI:* 1396740072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIDSON, JOHN A**
*Provider ID:* 129542
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
610 EUCLID AVE STE 301
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 427-3481
*Fax:* (619) 420-7807
*After Hours Phone:* (619) 427-3481
*Provider Gender:* Male
*License number*: DPM5418
*NPI:* 1689069874
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANICOLAS, MARIA THERESA P**
*Provider ID:* 204840
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE STE 304
NATIONAL CITY, CA
91950-2953
*Phone:* (619) 470-6800
*Fax:* (866) 232-7229
*After Hours Phone:* (619) 470-6800
*Provider Gender:* Female
*License number*: DPM4303
*NPI:* 1891893962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## PULMONARY DISEASES

**LIM, ROSEMARIE S**
*Provider ID:* 262224
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
610 EUCLID AVE STE 202
NATIONAL CITY, CA 91950-2952
*Phone:* (619) 472-2665
*Fax:* (619) 479-9468
*After Hours Phone:* (619) 472-2665
*Provider Gender:* Female
*License number*: A51827
*NPI:* 1841303419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SAZON, DOTTIE A**
*Provider ID:* 66295
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
655 EUCLID AVE STE 206
NATIONAL CITY, CA 91950-2967
*Phone:* (619) 267-3188
*Fax:* (619) 267-3388
*After Hours Phone:* (619) 267-3188
*Provider Gender:* Female
*License number*: A48932
*NPI:* 1033222708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## REGISTERED PHYSICAL THERAPIST

**DIEP, HUY M**
*Provider ID:* 269130
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1626 SWEETWATER RD STE A
NATIONAL CITY, CA 91950-7645
*Phone:* (619) 474-5916
*Fax:* (619) 474-8662
*After Hours Phone:* (619) 474-5916
*Provider Gender:* Male
*License number*: PT294143
*NPI:* 1447765508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KARANDE, PRACHI**
*Provider ID:* 287102
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950-3168
*Phone:* (619) 482-3000
*Fax:* (619) 482-3001
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Female
*License number*: PT300083
*NPI:* 1699357525
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NOVENCIDO, ANDREW**
*Provider ID:* 286784
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950-3168
*Phone:* (619) 482-3000
*Fax:* (619) 695-0050
*After Hours Phone:* (619) 482-3000
*Provider Gender:* Male
*License number*: PT295915
*NPI:* 1447723937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SURGERY NEUROLOGICAL**

**YOO, FRANK K , MD**
*Provider ID:* 257372
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2345 E 8TH ST STE 110
NATIONAL CITY, CA 91950-2861
*Phone:* (858) 909-9033
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 909-9033
*Provider Gender:* Male
*License number*: G86513
*NPI:* 1295774545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Heatlh, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OCEANSIDE

**ANESTHESIOLOGY PAIN MANAGEMENT**

**FISHER, CASEY J**
*Provider ID:* 269184
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3142 VISTA WAY STE 207
OCEANSIDE, CA 92056-3628
*Phone:* (760) 610-0522
*Fax:* (760) 610-0523
*After Hours Phone:* (760) 610-0522
*Provider Gender:* Male
*License number*: A118592
*NPI:* 1275780686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Palomar Heatlh, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 290777
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST
OCEANSIDE, CA 92054-4415

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F,SU 8AM-8PM, SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PARIKH, MILIND D**
*Provider ID:* 291596
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## CERTIFIED NURSE PRACTITIONER

**BROMAN, GRETCHEN L**
*Provider ID:* 280192
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAMBERLIN, KALIANA, NPA**
*Provider ID:* 273018
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95013030
*NPI:* 1457995706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**EKLUND, BONNIE L , NPA**
*Provider ID:* 243625
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: NP15285
*NPI:* 1811978992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GORDON, CAITLIN R**
*Provider ID:* 246043
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3998 VISTA WAY STE A
OCEANSIDE, CA 92056-4514
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP23078
*NPI:* 1063842078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEAD, KRISTIN N**
*Provider ID:* 268660
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: NP20264
*NPI:* 1699078923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLY, KATHERINE M**
*Provider ID:* 290312
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: NM235997
*NPI:* 1801134275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LIPMAN, RACHEL E**
*Provider ID:* 265113
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:* (760) 547-1011
*After Hours Phone:* (760) 547-1010
*Provider Gender:* Female
*License number*: NP95000707
*NPI:* 1871933879
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MIRANDA, BRIDGET A**
*Provider ID:* 262340
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: NP95006082
*NPI:* 1225548159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRITZKER, JOELY R , NPA**
*Provider ID:* 239772
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95000955
*NPI:* 1619384351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 12/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RAMIREZ, ERIN K**
*Provider ID:* 262344
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY BLDG B
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1010
*Fax:* (760) 547-1011
*After Hours Phone:* (760) 547-1010
*Provider Gender:* Female
*License number*: NP95000183
*NPI:* 1912310020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANTIAGO, AMANDA C , NPA**
*Provider ID:* 242607
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95007724
*NPI:* 1619488731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WILLIAMS, VERONICA**
*Provider ID:* 291525
*Board Certified Specialty:* No

IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: NP95017374
*NPI:* 1033361241
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**YEE, KIMBERLY E**
*Provider ID:* 291641
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95019770
*NPI:* 1407590300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CERTIFIED REGISTERED NURSE MIDWIFE

**ALSTON, VICKIE S**
*Provider ID:* 257566
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: NM993
*NPI:* 1932209905
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 8AM-7PM, W-SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**ALSTON, VICKIE S**
*Provider ID:* 290587
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: NM993
*NPI:* 1932209905
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU 8AM-7PM, W-SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**SCHROEDER, MARY L**
*Provider ID:* 290688
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: NM1617

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*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SCHROEDER, MARY L**
*Provider ID:* 290688
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: NP14856
*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SCHROEDER, MARY L**
*Provider ID:* 290688
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 757-5841
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: RN557074
*NPI:* 1164431664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290642
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290643
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ihp Of Southern California

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290644
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CHIROPRACTOR

**ANDREWS, BRAD R**
*Provider ID:* 290542
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
619 CROUCH ST
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: DC32479
*NPI:* 1750791745
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**BROOKS, KYLE P**
*Provider ID:* 290565
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
619 CROUCH ST
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6700
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6700
*Provider Gender:* Male
*License number*: DC32526
*NPI:* 1417399601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**JU, NATHANIEL**
*Provider ID:* 290221
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: DC32054
*NPI:* 1972883882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## DERMATOLOGY

**AGUIRRE, KRISTEN R , MD**
*Provider ID:* 243076
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9138
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Female

*License number*: A135075
*NPI:* 1205255288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANGRA, KUNAL, MD**
*Provider ID:* 276058
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9138
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A161745
*NPI:* 1871988147
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GILBOA, RUTH, MD**
*Provider ID:* 269414
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Female
*License number*: A46557
*NPI:* 1205873197
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Hospital West
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KIM, JESSICA Y**
*Provider ID:* 247630
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9138
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Female
*License number*: 20A17031
*NPI:* 1245663228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSS, ANDREW L**
*Provider ID:* 108447
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:*
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A140430
*NPI:* 1700140738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**ROSS, ANDREW L , MD**
*Provider ID:* 269333
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A140430
*NPI:* 1700140738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAMADY, JOSEPH A , MD**
*Provider ID:* 269327
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A71411
*NPI:* 1013954908
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAMADY, JOSEPH A**
*Provider ID:* 61777
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:*
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A71411
*NPI:* 1013954908
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHAIRER, DAVID O**
*Provider ID:* 264682
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A148597
*NPI:* 1619311164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**
*Provider ID:* 242314
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female

*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THIELE, JENS, MD**
*Provider ID:* 269412
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A103862
*NPI:* 1659562650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**THIELE, JENS**
*Provider ID:* 41713
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:*
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A103862
*NPI:* 1659562650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKAT, ARUN P , MD**
*Provider ID:* 269345
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A125103
*NPI:* 1952436354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKAT, ARUN P**
*Provider ID:* 71978
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:*
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: A125103
*NPI:* 1952436354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WONG, DARRYL S , MD**
*Provider ID:* 269368
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:* (760) 828-9140
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: G70557
*NPI:* 1952342693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Hospital West
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WONG, DARRYL S**
*Provider ID:* 47164
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP
3629 VISTA WAY
OCEANSIDE, CA 92056-4522
*Phone:* (760) 757-7546
*Fax:*
*After Hours Phone:* (760) 757-7546
*Provider Gender:* Male
*License number*: G70557
*NPI:* 1952342693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Hospital West
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## EMERGENCY MEDICINE

**BELLOMO, THOMAS N**
*Provider ID:* 205603
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: G69193
*NPI:* 1700926698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOW, BYRON C**
*Provider ID:* 206097
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A78116
*NPI:* 1619907607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KEARNEY, LAUREN K**

*Provider ID:* 206223
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: G83666
*NPI:* 1740296268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LOVEJOY, AMY E**
*Provider ID:* 206109
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A75176
*NPI:* 1790856557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARIKH, PAYAL**
*Provider ID:* 205869
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: 20A10898
*NPI:* 1871757989
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, SHERINE B**
*Provider ID:* 205787
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: G81658
*NPI:* 1477626513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**RILEY-HAGAN, MARGARET**
*Provider ID:* 205987
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A49609
*NPI:* 1548352388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSE, OLGA D**
*Provider ID:* 205956
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A143536
*NPI:* 1740560044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ENDOCRINOLOGY METABOLISM DIABETES

**GOTTESMAN BOWEN, BETHANY L**
*Provider ID:* 285960
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A156739
*NPI:* 1164849899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## FAMILY PRACTICE SPORTS MEDICINE

**KAUFMAN, ELIZABETH A**
*Provider ID:* 285904
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A135037
*NPI:* 1942644679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## GASTROENTEROLOGY

**CHIAO, HELLEN, MD**
*Provider ID:* 128127
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Female
*License number*: A127722
*NPI:* 1154681435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cantonese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DEVEREAUX, CHRISTOPHER E**
*Provider ID:* 41551
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:*
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: G75223
*NPI:* 1376512848
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.ncgastro.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DEVEREAUX, CHRISTOPHER E , MD**
*Provider ID:* 41551
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 213-8088
*Provider Gender:* Male
*License number*: G75223
*NPI:* 1376512848
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KROL, THOMAS C , MD**
*Provider ID:* 41549
*Board Certified Specialty:* Yes
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 213-8088
*Provider Gender:* Male
*License number*: G43649
*NPI:* 1568431146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial

Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KROL, THOMAS C**
*Provider ID:* 41549
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:*
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: G43649
*NPI:* 1568431146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.ncgastro.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHAD, JAVAID A , MD**
*Provider ID:* 41554
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: G86962
*NPI:* 1003885922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHAD, JAVAID A**
*Provider ID:* 41554
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:*
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: G86962
*NPI:* 1003885922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.ncgastro.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIM, MICHAEL, MD**
*Provider ID:* 41553
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: A88942
*NPI:* 1851503353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIM, MICHAEL**
*Provider ID:* 66003
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:*
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: A88942
*NPI:* 1851503353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.ncgastro.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VIERNES, MATTHEW E**
*Provider ID:* 41552
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:*
*After Hours Phone:* (760) 724-8782
*Provider Gender:* Male
*License number*: A61516
*NPI:* 1730158650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.ncgastro.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VIERNES, MATTHEW E , MD**
*Provider ID:* 41552
*Board Certified Specialty:* No
NORTH CNTY GASTROENTEROLOGY MED GRP INC
3923 WARING RD STE A
OCEANSIDE, CA 92056-4499
*Phone:* (760) 724-8782
*Fax:* (760) 842-7801
*After Hours Phone:* (760) 213-8088
*Provider Gender:* Male
*License number*: A61516
*NPI:* 1730158650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ N**
*Provider ID:* 282166
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A102482
*NPI:* 1144486929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr,

Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INTERNAL MEDICINE

**KYAW, NAING T**
*Provider ID:* 287739
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: A97469
*NPI:* 1689784308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 205631
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272673
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 205836
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female

*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 210035
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 264686
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 205437
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**

*Provider ID:* 205390
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 255793
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 206230
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

**BARAGER, RICHARD R**
*Provider ID:* 262227
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: G52074
*NPI:* 1508864448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BARAGER, RICHARD R , MD**
*Provider ID:* 65959
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: G52074
*NPI:* 1508864448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KHARADJIAN, TALAR B**
*Provider ID:* 279811
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Female
*License number*: A161276
*NPI:* 1770938201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KYAW, NAING T**
*Provider ID:* 287738
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: A97469
*NPI:* 1689784308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Chinese, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KYAW, NAING T**
*Provider ID:* 68200
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Male
*License number*: A97469
*NPI:* 1689784308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Chinese, Mandarin,

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MATAYOSHI, AMY H**
*Provider ID:* 262154
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Female
*License number*: A60790
*NPI:* 1417921982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MATAYOSHI, AMY H**
*Provider ID:* 54126
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Female
*License number*: A60790
*NPI:* 1417921982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MATAYOSHI, AMY H , MD**
*Provider ID:* 54126
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
3300 VISTA WAY STE B
OCEANSIDE, CA 92056-3633
*Phone:* (760) 967-9900
*Fax:* (760) 967-6769
*After Hours Phone:* (760) 967-9900
*Provider Gender:* Female
*License number*: A60790
*NPI:* 1417921982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY CHILD

**SAHAGIAN, MICHELLE L**
*Provider ID:* 206075
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A80990
*NPI:* 1275604035
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEUROLOGY

**JINDAL, ANUJA V**
*Provider ID:* 206266
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A149444
*NPI:* 1194046581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OBSTETRICS / GYNECOLOGY

**BINDER, PRATIBHA S**
*Provider ID:* 273226
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149945
*NPI:* 1174758031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MAZAREI, RAHELE**
*Provider ID:* 290922
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: 20A7358
*NPI:* 1639170459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWEIKERT, SUZANNE M**
*Provider ID:* 290422
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
2210 MESA DR STE 5
OCEANSIDE, CA 92054-3701
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A60958
*NPI:* 1477560142
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp

Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**
*Provider ID:* 214192
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A124825
*NPI:* 1760776728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BANSAL, PREETI**
*Provider ID:* 205619
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (960) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (960) 547-1020
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATIA, SHAGUN K**
*Provider ID:* 267318
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOLL, ANGELA M**
*Provider ID:* 114919
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOLL, ANGELA M**
*Provider ID:* 205509
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOVAGHAR, MANSOOR**
*Provider ID:* 216416
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**OHALLORAN, HENRY S**
*Provider ID:* 114922
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OHALLORAN, HENRY S**
*Provider ID:* 205887

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PANSARA, MEGHA L**
*Provider ID:* 286601
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBINSON, FANE L**
*Provider ID:* 48365
*Board Certified Specialty:* No
SAN DIEGO RETINA ASSOCIATES A MED CORP
3231 WARING CT STE S
OCEANSIDE, CA 92056-4510
*Phone:* (760) 631-6144
*Fax:*
*After Hours Phone:* (760) 631-6144
*Provider Gender:* Male
*License number*: A45990
*NPI:* 1295894368
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* sdretina.com
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHER, COLIN A**
*Provider ID:* 125406
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHER, COLIN A**
*Provider ID:* 206328
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH

NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SMITH, MARK D**
*Provider ID:* 27195
*Board Certified Specialty:* No
SAN DIEGO RETINA ASSOCIATES A MED CORP
3231 WARING CT STE S
OCEANSIDE, CA 92056-4510
*Phone:* (760) 631-6144
*Fax:*
*After Hours Phone:* (760) 631-6144
*Provider Gender:* Male
*License number*: G55641
*NPI:* 1255490330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* sdretina.com
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OTOLARYNGOLOGY

**FRIESEN, TZYYNONG L**
*Provider ID:* 244899
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A152327
*NPI:* 1952740177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JACOBS, ROBERT D**
*Provider ID:* 39335
*Board Certified Specialty:* No
E N T ASSOCIATES MED GRP
3907 WARING RD STE 1
OCEANSIDE, CA 92056-4454
*Phone:* (760) 724-8749
*Fax:*
*After Hours Phone:* (760) 724-8749
*Provider Gender:* Male
*License number*: G52767
*NPI:* 1023028446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEUIN, SHELBY C**
*Provider ID:* 206111
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A112930
*NPI:* 1124230909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**REISMAN, BRUCE K**
*Provider ID:* 35206
*Board Certified Specialty:* No
E N T ASSOCIATES MED GRP
3907 WARING RD STE 1
OCEANSIDE, CA 92056-4454
*Phone:* (760) 724-8749
*Fax:*
*After Hours Phone:* (760) 724-8749
*Provider Gender:* Male
*License number*: G59056
*NPI:* 1699785014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## PEDIATRIC CARDIOLOGY

**GROSSFELD, PAUL D**
*Provider ID:* 205614
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A52799
*NPI:* 1225109085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GROSSFELD, PAUL D**
*Provider ID:* 51918
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A52799
*NPI:* 1225109085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC DERMATOLOGY

**EICHENFIELD, LAWRENCE F**
*Provider ID:* 205332
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: G69132
*NPI:* 1477624138
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC EMERGENCY MEDICINE

**JOSHI, WEENA E**
*Provider ID:* 262236
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A91208
*NPI:* 1376862177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANTHARIA, TINA H**
*Provider ID:* 206293
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAIDYA, KAMALA**
*Provider ID:* 205813
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1000
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1000
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ENDOCRINOLOGY

**MARINKOVIC, MAJA**
*Provider ID:* 206138

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A95251
*NPI:* 1053469767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC INFECTIOUS DISEASES

**CHRISTMAN, JAMESINA C**
*Provider ID:* 259979
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1000
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1000
*Provider Gender:* Female
*License number*: A93574
*NPI:* 1538372032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/19
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ORTHOPEDICS

**UPASANI, VIDYADHAR V**
*Provider ID:* 260954
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A97603
*NPI:* 1548417652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC RHEUMATOLOGY

**CHIRASEVEENUPRAPUND, PETER**
*Provider ID:* 205937
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (858) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A68277
*NPI:* 1467518209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**LANGLEY, GREGORY H**
*Provider ID:* 205700
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: G88047
*NPI:* 1427049675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WANG, EMILY J**
*Provider ID:* 126806
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A89393
*NPI:* 1427142363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**RYAN, KYLE**
*Provider ID:* 275661
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A170177
*NPI:* 1447645742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICIANS ASSISTANT

**CLARK, YVONNE L**
*Provider ID:* 260064
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: PA20447
*NPI:* 1629302476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FLOCO, VIRGINIA A**
*Provider ID:* 260684
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:*
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: PA20788
*NPI:* 1982798112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUPIS, ROBERT J**
*Provider ID:* 291523
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: PA58266
*NPI:* 1285676353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LAZAR, ANITA A**
*Provider ID:* 262303
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: PA55984
*NPI:* 1609208198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCAULEY, KRISTINA R**
*Provider ID:* 262242
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: PA52100
*NPI:* 1063819944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, CECILIA**
*Provider ID:* 289156
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: PA57419
*NPI:* 1629636816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THEPVONGSA, MELISSA**
*Provider ID:* 293151
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
605 CROUCH ST BLDG C
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: PA59540
*NPI:* 1750964425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## PODIATRIST

**SPRINGER, DEWAIN N**
*Provider ID:* 26711
*Board Certified Specialty:* No
NORTH COUNTY PODIATRY CLINIC
2191 S EL CAMINO REAL STE 101
OCEANSIDE, CA 92054-6225
*Phone:* (760) 757-7171
*Fax:*
*After Hours Phone:* (760) 757-7171
*Provider Gender:* Male
*License number*: DPM3097
*NPI:* 1881709459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,F,SA 9AM-5PM, TU-TH 8AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY DIAGNOSTIC X-RAY

**ALLEN, DERRICK R , MD**
*Provider ID:* 268360
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3601 VISTA WAY
OCEANSIDE, CA 92056-4559
*Phone:* (760) 631-7505
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 631-7505
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, GREGORY S**
*Provider ID:* 125988
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL

GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125997
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:* (760) 631-7506
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126014
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:* (760) 631-7506
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**CHOU, ERIC T**
*Provider ID:* 126012
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:* (760) 631-7506
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 126052
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559

*Phone:* (858) 658-6500
*Fax:* (760) 631-7506
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FIROOZNIA, NILOFAR**
*Provider ID:* 126176
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126197
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (858) 658-6500
*Fax:* (760) 631-7506
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY

**DOEMENY, JOHN M**
*Provider ID:* 269751
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (760) 631-7505
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 631-7505
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269636
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3601 VISTA WAY STE 101

OCEANSIDE, CA 92056-4559
*Phone:* (760) 631-7505
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 631-7505
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269529
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3601 VISTA WAY STE 101A
OCEANSIDE, CA 92056-4559
*Phone:* (760) 631-7505
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 631-7505
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269823
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3601 VISTA WAY STE 101
OCEANSIDE, CA 92056-4559
*Phone:* (760) 631-7505
*Fax:* (866) 558-4329
*After Hours Phone:* (760) 631-7505
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**ANDREW, MEAGAN S**
*Provider ID:* 269373
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3142 VISTA WAY STE 101
OCEANSIDE, CA 92056-3627
*Phone:* (951) 696-9353
*Fax:* (760) 630-5367
*After Hours Phone:* (951) 696-9353
*Provider Gender:* Female
*License number*: PT291748
*NPI:* 1366997702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LEE, MICHAEL E**
*Provider ID:* 269372
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2335 VISTA WAY
OCEANSIDE, CA 92054-5663
*Phone:* (855) 344-5870
*Fax:* (877) 298-4204
*After Hours Phone:* (855) 344-5870
*Provider Gender:* Male
*License number*: PT43323
*NPI:* 1841656170

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*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RHEAUME, ALEXANDER E**
*Provider ID:* 269461
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2335 VISTA WAY
OCEANSIDE, CA 92054-5663
*Phone:* (760) 547-2666
*Fax:*
*After Hours Phone:* (760) 547-2666
*Provider Gender:* Male
*License number*: PT39516
*NPI:* 1053659854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY CARDIOVASCULAR

**GRAMINS, DANIEL L**
*Provider ID:* 210048
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3998 VISTA WAY STE A
OCEANSIDE, CA 92056-4514
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G79711
*NPI:* 1164495750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ONAITIS, MARK**
*Provider ID:* 210298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (760) 726-2500
*Fax:*
*After Hours Phone:* (760) 726-2500
*Provider Gender:* Male
*License number*: C144886
*NPI:* 1841310638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY NEUROLOGICAL

**NGUYEN, ANDREW D**
*Provider ID:* 244138
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TUNG, HOWARD**
*Provider ID:* 244084
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G58235
*NPI:* 1538153341
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YOO, FRANK K , MD**
*Provider ID:* 257373
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3998 VISTA WAY STE 108
OCEANSIDE, CA 92056-4515
*Phone:* (858) 909-9033
*Fax:* (858) 429-4009
*After Hours Phone:* (858) 909-9033
*Provider Gender:* Male
*License number*: G86513
*NPI:* 1295774545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## SURGERY ORTHOPEDIC

**ANDERSON, JUSTIN**
*Provider ID:* 289120
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: PA60229
*NPI:* 1366105074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CIDAMBI, EMILY O**
*Provider ID:* 246469
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (858) 966-6789
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A127390
*NPI:* 1659634699
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## SURGERY PEDIATRIC

**FAIRBANKS, TIMOTHY J**
*Provider ID:* 205498
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A80244
*NPI:* 1407010556
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLING, KAREN M**
*Provider ID:* 206129
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A53583
*NPI:* 1982775144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## UROLOGY

**CHIANG, GEORGE**
*Provider ID:* 205944
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565
*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Male
*License number*: A98687
*NPI:* 1093773954
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARIETTI SHEPHERD, SARAH R**
*Provider ID:* 265121
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3605 VISTA WAY STE 172
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020
*Fax:* (760) 547-1021
*After Hours Phone:* (760) 547-1020
*Provider Gender:* Female
*License number*: A106447
*NPI:* 1801094115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**POWAY**

**PODIATRIST**

**NEGRON, RICARDO J , MD**
*Provider ID:* 274645
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
13010 POWAY RD
POWAY, CA 92064
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Provider Gender:* Male
*License number*: DPM5260
*NPI:* 1932548393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**POWAY**

**ANESTHESIOLOGY PAIN MANAGEMENT**

**COHEN, ZACHARY C , MD**
*Provider ID:* 268179
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A146733
*NPI:* 1598021982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FISHER, CASEY J**
*Provider ID:* 204416
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15725 POMERADO RD STE 218
POWAY, CA 92064-2060
*Phone:* (619) 825-8511
*Fax:*
*After Hours Phone:* (619) 825-8511
*Provider Gender:* Male
*License number*: A118592
*NPI:* 1275780686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Palomar Heatlh, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VERDOLIN, MICHAEL H , MD**
*Provider ID:* 203330
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

15725 POMERADO RD STE 218
POWAY, CA 92064-2060
*Phone:* (619) 825-8511
*Fax:*
*After Hours Phone:* (619) 825-8511
*Provider Gender:* Male
*License number*: A92149
*NPI:* 1477525657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## CARDIOLOGY

**BALOUCH, MARYAM**
*Provider ID:* 269384
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (760) 743-0546
*Fax:*
*After Hours Phone:* (760) 743-0546
*Provider Gender:* Female
*License number*: A121988
*NPI:* 1215201108
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BAYAT, HAMED, MD**
*Provider ID:* 269450
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 592-2696
*Fax:* (760) 743-8837
*After Hours Phone:* (858) 592-2696
*Provider Gender:* Male
*License number*: A61356
*NPI:* 1356344196
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**CHEN, ANDREW K , MD**
*Provider ID:* 269315
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 592-2696
*Fax:* (760) 743-8837
*After Hours Phone:* (858) 592-2696
*Provider Gender:* Male
*License number*: A120866
*NPI:* 1134357007
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MULVIHILL, DANIEL F , MD**
*Provider ID:* 54301
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 580
POWAY, CA 92064-2438

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*Phone:* (858) 592-2696
*Fax:* (858) 592-0627
*After Hours Phone:* (858) 592-2696
*Provider Gender:* Male
*License number*: G55384
*NPI:* 1124021969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SERRY, ROD D , MD**
*Provider ID:* 269471
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:*
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Male
*License number*: A76061
*NPI:* 1912945130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VANICHSARN, CHRISTOPHER T , MD**
*Provider ID:* 274775
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 592-2696
*Fax:* (858) 592-0627
*After Hours Phone:* (858) 592-2696
*Provider Gender:* Male
*License number*: A129210
*NPI:* 1851658173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOVASCULAR DISEASE

**ZAKOV, KAMEN N , MD**
*Provider ID:* 122539
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 592-2696
*Fax:* (760) 743-8837
*After Hours Phone:* (858) 592-2696
*Provider Gender:* Male
*License number*: G31706
*NPI:* 1518933613
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CERTIFIED BEHAVIORAL ANALYST MASTERS

**MASON, DIANA**
*Provider ID:* 118103
*Board Certified Specialty:* No
INCLUDE AUTISM INC
15318 POMERADO RD
POWAY, CA 92064-2436
*Phone:* (858) 603-5840
*Fax:* (619) 432-0048
*After Hours Phone:* (858) 603-5840
*Provider Gender:* Female
*License number*: BCBA23279
*NPI:* 1285172858
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SALUCCI, CRISTIANA**
*Provider ID:* 107369
*Board Certified Specialty:* No
INCLUDE AUTISM INC
15318 POMERADO RD
POWAY, CA 92064-2436
*Phone:* (858) 603-9835
*Fax:* (619) 432-0048
*After Hours Phone:* (858) 603-9835
*Provider Gender:* Female
*License number*: BCBA11621760
*NPI:* 1093199671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE PRACTITIONER

**MCCONNIN, COMMERINA T**
*Provider ID:* 280943
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Female
*License number*: NP7195
*NPI:* 1154653459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCELHOSE, JESSICA J**
*Provider ID:* 281020
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Female
*License number*: NP95012326
*NPI:* 1013196310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MEYERS, JUDITH S , NPA**
*Provider ID:* 257040
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:*
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Female
*License number*: NP95010314
*NPI:* 1538637194
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NINCHAK, VIOLA M**
*Provider ID:* 285897
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3017
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: NP95010549
*NPI:* 1275007403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WOLFE, AMANDA S**
*Provider ID:* 243582
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1
POWAY, CA 92064-2425
*Phone:* (858) 457-8333
*Fax:*
*After Hours Phone:* (858) 457-8333
*Provider Gender:* Female
*License number*: NP23837
*NPI:* 1063813475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WRIGHT, KIMBERLY D , NPA**
*Provider ID:* 256378
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3200
*Fax:* (858) 673-1587
*After Hours Phone:* (858) 675-3200
*Provider Gender:* Female
*License number*: NP95006947
*NPI:* 1811400708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## DERMATOLOGY

**ARMSTRONG, PATRICK A , MD**
*Provider ID:* 269732
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3145
*Fax:* (858) 385-7855
*After Hours Phone:* (858) 675-3145
*Provider Gender:* Male
*License number*: A137103
*NPI:* 1588008775
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence Mission Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CALAME, ANTOANELLA**
*Provider ID:* 109343
*Board Certified Specialty:* No
COMPASS DERMATOPATHOLOGY INC
15725 POMERADO RD STE 102
POWAY, CA 92064-2057

*Phone:* (858) 397-5755
*Fax:*
*After Hours Phone:* (858) 397-5755
*Provider Gender:* Female
*License number*: A84455
*NPI:* 1285817569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Romanian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JOU, PAUL C , MD**
*Provider ID:* 269479
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3145
*Fax:* (858) 385-7855
*After Hours Phone:* (858) 675-3145
*Provider Gender:* Male
*License number*: A148966
*NPI:* 1356608319
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHEWMAKE, STEPHEN W , MD**
*Provider ID:* 88451
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3140
*Fax:* (858) 385-7855
*After Hours Phone:* (858) 675-3140
*Provider Gender:* Male
*License number*: G36481
*NPI:* 1912973868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## FAMILY PRACTICE

**FLINN, SCOTT D , MD**
*Provider ID:* 270054
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 613-2938
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Male
*License number*: G68423
*NPI:* 1184694598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NAJAND, SADAF, MD**
*Provider ID:* 270055
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3200
*Fax:* (858) 613-2938
*After Hours Phone:* (858) 675-3200
*Provider Gender:* Female
*License number*: A124150
*NPI:* 1669769717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WELLS, TODD D , MD**
*Provider ID:* 129348
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3200
*Fax:* (858) 613-2938
*After Hours Phone:* (858) 675-3200
*Provider Gender:* Male
*License number*: A71920
*NPI:* 1952377806
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WHITE, KERI L , MD**
*Provider ID:* 269491
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3200
*Fax:* (858) 613-2938
*After Hours Phone:* (858) 675-3200
*Provider Gender:* Female
*License number*: A73336
*NPI:* 1295701159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## GASTROENTEROLOGY

**ZAKKO, MARAM F , MD**
*Provider ID:* 270028
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 924-1775
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Male
*License number*: A64346
*NPI:* 1972579068
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## INTERNAL MEDICINE
## GERIATRIC MEDICINE

**SCHWARTZ, MARTIN A , MD**
*Provider ID:* 122531
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3135
*Fax:* (858) 726-6081
*After Hours Phone:* (858) 675-3135
*Provider Gender:* Male
*License number*: G39185
*NPI:* 1861606790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

## INTERNAL MEDICINE

**GREENSTEIN, JOSHUA K**
*Provider ID:* 113528
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
15708 POMERADO RD # N-205
POWAY, CA 92064-2066
*Phone:* (760) 294-1660
*Fax:*
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A68100
*NPI:* 1104881457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**THAPER, MOHINDERPAL S , MD**
*Provider ID:* 270016
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 575
POWAY, CA 92064-2438
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: A106869
*NPI:* 1295795037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TRESTMAN, KENNETH G , MD**
*Provider ID:* 269146
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:*
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Male
*License number*: G69663
*NPI:* 1346358793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## NEONATAL / PERINATAL MEDICINE

**FATAYERJI, NABIL I**
*Provider ID:* 205749
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: A63224
*NPI:* 1649341405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Heatlh, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 205891
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Heatlh, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAUER, CHARLES W**
*Provider ID:* 206164
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: 20A9535
*NPI:* 1538388988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Palomar Heatlh, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

**BOISKIN, MARK M**
*Provider ID:* 40763
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
15708 POMERADO RD # N-205
POWAY, CA 92064-2066
*Phone:* (760) 294-1660
*Fax:*
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOISKIN, MARK M**
*Provider ID:* 40763
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
15708 POMERADO RD # N-205
POWAY, CA 92064-2066

*Phone:* (858) 558-8150
*Fax:* (858) 485-8703
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: A52055
*NPI:* 1437154143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GREENSTEIN, JOSHUA K**
*Provider ID:* 262223
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
15708 POMERADO RD # N-205
POWAY, CA 92064-2066
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: A68100
*NPI:* 1104881457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHAPIRO, MARK H**
*Provider ID:* 113537
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
15708 POMERADO RD # N-205
POWAY, CA 92064-2066
*Phone:* (760) 294-1660
*Fax:*
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: G65280
*NPI:* 1912962275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHAPIRO, MARK H**
*Provider ID:* 262183
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
15708 POMERADO RD # N-205
POWAY, CA 92064-2066
*Phone:* (760) 294-1660
*Fax:* (760) 745-5016
*After Hours Phone:* (760) 294-1660
*Provider Gender:* Male
*License number*: G65280
*NPI:* 1912962275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## NEUROLOGY

**BLUMENFELD, ANDREW M ,**

**MD**
*Provider ID:* 268086
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: A47863
*NPI:* 1164459913
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELANEY, MICHAEL W , MD**
*Provider ID:* 269105
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15721 POMERADO RD
POWAY, CA 92064-2021
*Phone:* (760) 631-3000
*Fax:*
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: C146015
*NPI:* 1710157920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DELANEY, MICHAEL W , MD**
*Provider ID:* 272331
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Male
*License number*: C146015
*NPI:* 1710157920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/200
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WANG, CHUNYANG T , MD**
*Provider ID:* 268120
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: A105660
*NPI:* 1386890770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Heatlh, Scripps Memorial Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OBSTETRICS / GYNECOLOGY

**COBB, DAMON C**
*Provider ID:* 206030

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
15706 POMERADO RD STE 110
POWAY, CA 92064-2032
*Phone:* (858) 485-0130
*Fax:* (858) 485-9424
*After Hours Phone:* (858) 485-0130
*Provider Gender:* Male
*License number*: 20A11368
*NPI:* 1851435598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-4:30PM, F 9AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OPHTHALMOLOGY

**LOZIER, JEFFREY R , MD**
*Provider ID:* 270187
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3140
*Fax:* (858) 613-2936
*After Hours Phone:* (858) 675-3140
*Provider Gender:* Male
*License number*: G54719
*NPI:* 1225004450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## OTOLARYNGOLOGY

**FITZGERALD, PATRICK J , MD**
*Provider ID:* 70742
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15525 POMERADO RD STE C1
POWAY, CA 92064-2425
*Phone:* (858) 485-7870
*Fax:* (858) 485-6473
*After Hours Phone:* (858) 485-7870
*Provider Gender:* Male
*License number*: G80210
*NPI:* 1790882728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LEARN, ALISON A , MD**
*Provider ID:* 70715
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15525 POMERADO RD STE C1
POWAY, CA 92064-2425
*Phone:* (858) 485-7870
*Fax:* (858) 485-6473
*After Hours Phone:* (858) 485-7870
*Provider Gender:* Female
*License number*: G78450
*NPI:* 1477650406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PEDIATRICS

**FATAYERJI, NABIL I**
*Provider ID:* 52509
*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:*
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: A63224
*NPI:* 1649341405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Heatlh, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 52531
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:*
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Heatlh, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAUER, CHARLES W**
*Provider ID:* 52545
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4143
*Fax:* (858) 613-4539
*After Hours Phone:* (858) 613-4143
*Provider Gender:* Male
*License number*: 20A9535
*NPI:* 1538388988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Palomar Heatlh, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**BULLOCK, ANDREW C**
*Provider ID:* 257589
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
15644 POMERADO RD STE 204
POWAY, CA 92064-2419
*Phone:* (619) 379-6579
*Fax:* (619) 501-3846
*After Hours Phone:* (619) 379-6579
*Provider Gender:* Male
*License number*: 20A6842
*NPI:* 1295743045

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BULLOCK, ANDREW C**
*Provider ID:* 268442
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15644 POMERADO RD STE 204
POWAY, CA 92064-2419
*Phone:* (619) 379-6579
*Fax:* (619) 501-3846
*After Hours Phone:* (619) 379-6579
*Provider Gender:* Male
*License number*: 20A6842
*NPI:* 1295743045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

## PHYSICIANS ASSISTANT

**CHATFIELD, ALEXANDRA J**
*Provider ID:* 276715
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (858) 673-5187
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Female
*License number*: PA57107
*NPI:* 1215584628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GRINDLE, SILVIA S**
*Provider ID:* 269926
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
13525 MIDLAND RD STE F
POWAY, CA 92064-4772
*Phone:* (858) 486-9100
*Fax:* (858) 486-9101
*After Hours Phone:* (858) 486-9100
*Provider Gender:* Female
*License number*: PA21499
*NPI:* 1598056392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUANG, STEPHANIE K , NPA**
*Provider ID:* 268025
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 505
POWAY, CA 92064-2437
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: PA21008
*NPI:* 1073826210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

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♿ *Accessibility:*
*Hours:* M,TU,TH-SA 9AM-5PM, W 9AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUANG, STEPHANIE K , NPA**
*Provider ID:* 269352
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15721 POMERADO RD
POWAY, CA 92064-2021
*Phone:* (760) 631-3000
*Fax:* (760) 631-3016
*After Hours Phone:* (760) 631-3000
*Provider Gender:* Female
*License number*: PA21008
*NPI:* 1073826210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH-SA 9AM-5PM, W 9AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PULMONARY DISEASES

**BENDER, FRANK D , MD**
*Provider ID:* 270195
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 580
POWAY, CA 92064-2438
*Phone:*
*Fax:*
*After Hours Phone:*
*Provider Gender:* Male
*License number*: G33933
*NPI:* 1912015363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**OTOSHI, JAMES S , MD**
*Provider ID:* 274767
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (760) 489-1458
*Fax:* (760) 489-1246
*After Hours Phone:* (760) 489-1458
*Provider Gender:* Male
*License number*: G27763
*NPI:* 1679681027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**POPPER, STEVEN T , MD**
*Provider ID:* 129606
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3100
*Fax:* (858) 613-2937
*After Hours Phone:* (858) 675-3100
*Provider Gender:* Male
*License number*: A127156
*NPI:* 1679849012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Kaiser Foundation Hospital Bellflower, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC

## X-RAY

**ALLEN, DERRICK R**
*Provider ID:* 125995
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268359
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, GREGORY S**
*Provider ID:* 125986
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125994
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BUCKLEY, DAVID W**
*Provider ID:* 243262
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 126015
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COOPER, JAMES A**
*Provider ID:* 126043
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 126049
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (619) 295-9729
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FIROOZNIA, NILOFAR**
*Provider ID:* 126174
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FRANKE, MARK A**
*Provider ID:* 126055
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HARMAN, SCOTT A**
*Provider ID:* 126068
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**

*Provider ID:* 126080
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 126093
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LUBISICH, JOHN P**
*Provider ID:* 126099
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 126120
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NALBANDIAN, ALLEN B**
*Provider ID:* 29391
*Board Certified Specialty:* No
VALLEY RADIOLOGY CONSULTANTS MED GRP INC
15725 POMERADO RD STE 101

POWAY, CA 92064-2057
*Phone:* (858) 485-6500
*Fax:*
*After Hours Phone:* (858) 485-6500
*Provider Gender:* Male
*License number*: A54742
*NPI:* 1619938099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OLOUGHLIN, BRIAN J**
*Provider ID:* 126126
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-7PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 126132
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 126138
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZBERG, ROSS E**
*Provider ID:* 126145
*Board Certified Specialty:* No

IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SNYDER, WILLIAM C**
*Provider ID:* 126152
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 126158
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SUNG, RAYMOND Y**
*Provider ID:* 29394
*Board Certified Specialty:* No
VALLEY RADIOLOGY CONSULTANTS MED GRP INC
15725 POMERADO RD STE 101
POWAY, CA 92064-2057
*Phone:* (858) 485-6500
*Fax:* (760) 520-8520
*After Hours Phone:* (858) 485-6500
*Provider Gender:* Male
*License number*: A63965
*NPI:* 1023079365
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Green Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TENA, ROWENA G**
*Provider ID:* 126164
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOBIN, MICHAEL L**
*Provider ID:* 126217
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 126202
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126195
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 658-6500
*Fax:* (858) 487-4764
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**DOEMENY, JOHN M**
*Provider ID:* 269749
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269634
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269528
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245627
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269825
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12620 MONTE VISTA RD STE A
POWAY, CA 92064-2531
*Phone:* (858) 487-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 487-9729
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**BLACKBURN, GARY L**
*Provider ID:* 269448
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15525 POMERADO RD STE D4
POWAY, CA 92064-2426
*Phone:* (858) 674-1600
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 674-1600
*Provider Gender:* Male
*License number*: PT28897
*NPI:* 1487769352
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAN, ORIANA**
*Provider ID:* 129858
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15525 POMERADO RD STE D4
POWAY, CA 92064-2426
*Phone:* (858) 674-1600
*Fax:*
*After Hours Phone:* (858) 674-1600
*Provider Gender:* Female
*License number*: PT293406
*NPI:* 1023533155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RHEUMATOLOGY

**RAO, SOUMYA G , MD**
*Provider ID:* 46060
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 675-3150
*Fax:* (858) 924-1775
*After Hours Phone:* (858) 675-3150
*Provider Gender:* Female
*License number*: A99911
*NPI:* 1033388616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REDDY, SMITHA C , MD**
*Provider ID:* 269402
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15725 POMERADO RD STE 117
POWAY, CA 92064-2058
*Phone:* (858) 312-1717
*Fax:* (858) 435-0207
*After Hours Phone:* (858) 312-1717
*Provider Gender:* Female
*License number*: A85072
*NPI:* 1750534715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital, Pomerado Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-4PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY ORTHOPEDIC

**BALIKIAN, PHILIP, MD**
*Provider ID:* 119552
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 613-8900
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 613-8900
*Provider Gender:* Male
*License number*: C52136
*NPI:* 1407803687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Italian, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BALIKIAN, PHILIP**
*Provider ID:* 257485
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
15611 POMERADO RD STE 400
POWAY, CA 92064-2437
*Phone:* (858) 613-8900
*Fax:* (858) 618-1523
*After Hours Phone:* (858) 613-8900
*Provider Gender:* Male
*License number*: C52136
*NPI:* 1407803687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Italian, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BRIED, JAMES M , MD**
*Provider ID:* 269500
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (858) 485-5071
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Male
*License number*: G62595
*NPI:* 1891809257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COHEN, BRAD S**
*Provider ID:* 257489
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (858) 485-5071
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Male
*License number*: A62550
*NPI:* 1164536538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**COHEN, BRAD S , MD**
*Provider ID:* 269449
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (858) 485-5071
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Male
*License number*: A62550
*NPI:* 1164536538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**OWSLEY, KEVIN C , MD**
*Provider ID:* 269325
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (858) 485-5071
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Male
*License number*: A98739
*NPI:* 1992714406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Marina Del Rey Hospital, Palomar Medical Center, Adventist Health White Memorial
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PALANCA, ARIEL A , MD**
*Provider ID:* 269861
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 525
POWAY, CA 92064-2439
*Phone:* (858) 485-0050
*Fax:* (760) 743-4779
*After Hours Phone:* (858) 485-0050
*Provider Gender:* Female
*License number*: A114257
*NPI:* 1629203971
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Lucile Salter Packard Childrens Hosp, Stanford Health Care
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## UROLOGY

**DICKS, BRIAN M , MD**
*Provider ID:* 270141
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12630 MONTE VISTA RD STE 103
POWAY, CA 92064-2526
*Phone:* (858) 451-1772
*Fax:* (858) 429-7927
*After Hours Phone:* (858) 451-1772
*Provider Gender:* Male
*License number*: A100413
*NPI:* 1144425687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NEUSTEIN, PAUL, MD**
*Provider ID:* 42034
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
15644 POMERADO RD STE 206
POWAY, CA 92064-2419
*Phone:* (858) 485-0554
*Fax:* (858) 429-7933
*After Hours Phone:* (858) 485-0554
*Provider Gender:* Male
*License number*: G42225
*NPI:* 1578529731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Hsp Of Modesto, Palomar Heatlh, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8:30AM-5PM, TU-TH 8:30AM-4:30PM, F 8:30AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PE, MARK- RALLY L , MD**
*Provider ID:* 269348
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
12630 MONTE VISTA RD STE 103
POWAY, CA 92064-2526
*Phone:* (858) 451-1772
*Fax:* (858) 429-7927
*After Hours Phone:* (858) 451-1772
*Provider Gender:* Male
*License number*: A112013
*NPI:* 1801003694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RAMONA

### CHIROPRACTOR

**LOVERN, JENNIFER K**
*Provider ID:* 290933
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
220 ROTANZI ST
RAMONA, CA 92065-2583
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: DC29074
*NPI:* 1235469396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

### REGISTERED PHYSICAL THERAPIST

**PFEIFER, JANAYA M**
*Provider ID:* 269584
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
850 MAIN ST STE 105
RAMONA, CA 92065-1968
*Phone:* (760) 789-1424
*Fax:*
*After Hours Phone:* (760) 789-1424
*Provider Gender:* Female
*License number*: PT292928
*NPI:* 1699172593

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**STUDLEY, DAKOTA L**
*Provider ID:* 270595
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
850 MAIN ST STE 105
RAMONA, CA 92065-1968
*Phone:* (760) 789-1424
*Fax:*
*After Hours Phone:* (760) 789-1424
*Provider Gender:* Female
*License number*: PT294388
*NPI:* 1972003101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAN DIEGO**

**ADOLESCENT MEDICINE**

**INWARDS-BRELAND, DAVID**
*Provider ID:* 267032
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-8493
*Fax:*
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Male
*License number*: A68214
*NPI:* 1043256738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**INWARDS-BRELAND, DAVID**
*Provider ID:* 267033
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8493
*Fax:*
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Male
*License number*: A68214
*NPI:* 1043256738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUMAR, MAYA M**
*Provider ID:* 259637
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY # 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-8493
*Fax:* (858) 966-8818
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Female
*License number*: A126520
*NPI:* 1184066367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUMAR, MAYA M**
*Provider ID:* 262274
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8493
*Fax:* (858) 966-8818
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Female
*License number*: A126520
*NPI:* 1184066367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITCHEN, KANANI E**
*Provider ID:* 259139
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-8493
*Fax:* (858) 966-8818
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Female
*License number*: A163273
*NPI:* 1184981797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITCHEN, KANANI E**
*Provider ID:* 259140
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8493
*Fax:* (858) 966-8818
*After Hours Phone:* (858) 966-8493
*Provider Gender:* Female
*License number*: A163273
*NPI:* 1184981797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

**HONG, KIMBERLY N**
*Provider ID:* 246311
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: A156242
*NPI:* 1346515442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JASKI, BRIAN E**
*Provider ID:* 53743
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:*
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: G55011
*NPI:* 1194706242
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAISSI SHABARI, FARSHAD**
*Provider ID:* 110747
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A99160
*NPI:* 1124295027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAISSI SHABARI, FARSHAD**
*Provider ID:* 120351
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5743
*Fax:*
*After Hours Phone:* (619) 543-5743
*Provider Gender:* Male
*License number*: A99160
*NPI:* 1124295027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, French
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## ALLERGY IMMUNOLOGY

**ACEVES, SEEMA S**
*Provider ID:* 205624
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A74305
*NPI:* 1366511628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ACEVES, SEEMA S**
*Provider ID:* 51868
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A74305
*NPI:* 1366511628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ALKATIB, RHONDA E**
*Provider ID:* 291226
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2655 CAMINO DEL RIO N STE 425
SAN DIEGO, CA 92108-1691
*Phone:* (619) 286-6687
*Fax:* (619) 286-6695
*After Hours Phone:* (619) 286-6687
*Provider Gender:* Female
*License number*: A163910
*NPI:* 1417363086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRODERICK, LORI**
*Provider ID:* 206080
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A106397
*NPI:* 1417152232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOI, SUN**
*Provider ID:* 273213
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A150029
*NPI:* 1306252101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**CHOI, SUN**
*Provider ID:* 273214
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A150029
*NPI:* 1306252101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COLLINS, CATHLEEN A**
*Provider ID:* 118896
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:*
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A122537
*NPI:* 1205128089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COLLINS, CATHLEEN A**
*Provider ID:* 285133
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A122537
*NPI:* 1205128089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EBBELING, WILLIAM L**
*Provider ID:* 268259
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:*
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Male
*License number*: C50225
*NPI:* 1205808284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Fresno Community Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOFFMAN, HAROLD M**

*Provider ID:* 51892
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: A53101
*NPI:* 1326074261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JAMES, CHRISTINE K**
*Provider ID:* 284917
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172774
*NPI:* 1144589979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAUBACH, SUSAN S**
*Provider ID:* 53683
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-4900
*Fax:*
*After Hours Phone:* (858) 292-4900
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIGRELLI, SAMANTHA**
*Provider ID:* 291212
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: NP95013551
*NPI:* 1114541760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIGRELLI, SAMANTHA**
*Provider ID:* 291213
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Female
*License number*: NP95013551
*NPI:* 1114541760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**REDDY, SUMANA**
*Provider ID:* 262116
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-6PM, TU-TH,SA 9AM-5PM, F 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, SUMANA, MD**
*Provider ID:* 65617
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-6PM, TU-TH,SA 9AM-5PM, F 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RIEDL, MARC A**
*Provider ID:* 255768
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 230
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-5350
*Fax:*
*After Hours Phone:* (858) 657-5350
*Provider Gender:* Male
*License number*: A75551
*NPI:* 1285654889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIEDL, MARC A**
*Provider ID:* 84585
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350

SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-5350
*Fax:*
*After Hours Phone:* (858) 657-5350
*Provider Gender:* Male
*License number*: A75551
*NPI:* 1285654889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WALTERS, KRISTEN M**
*Provider ID:* 109072
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:*
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Female
*License number*: A129955
*NPI:* 1437442308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WELCH, MICHAEL J**
*Provider ID:* 206201
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 966-4900
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 966-4900
*Provider Gender:* Male
*License number*: G34844
*NPI:* 1699794222
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8AM-5PM, W 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ANESTHESIOLOGY PAIN MANAGEMENT

**ABDULHADI, HUSSEIN M**
*Provider ID:* 262146
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6645 ALVARADO RD # 253
SAN DIEGO, CA 92120-5208
*Phone:* (619) 326-0326
*Fax:* (619) 326-0101
*After Hours Phone:* (619) 326-0326
*Provider Gender:* Male
*License number*: A61032
*NPI:* 1629004890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CASTELLANOS, JOEL**
*Provider ID:* 243553
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154199
*NPI:* 1700296514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STEINER, ALICJA**
*Provider ID:* 262105
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
2100 5TH AVE # 200
SAN DIEGO, CA 92101-2102
*Phone:* (619) 948-8464
*Fax:* (619) 501-4806
*After Hours Phone:* (619) 948-8464
*Provider Gender:* Female
*License number*: A69227
*NPI:* 1851309314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish, Russian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## ANESTHESIOLOGY

**OSWALD, JESSICA C**
*Provider ID:* 239600
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A130925
*NPI:* 1427315118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRIVEDI, SURAJ S**
*Provider ID:* 246749
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122196
*NPI:* 1699057885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TZENG, ERIC**
*Provider ID:* 284577
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A153819
*NPI:* 1801258264

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CARDIAC ELECTROPHYSIOLOGY

**HAN, FREDERICK T**
*Provider ID:* 210012
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A112325
*NPI:* 1427255967
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAN, FREDERICK T**
*Provider ID:* 210099
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A112325
*NPI:* 1427255967
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CARDIOLOGY

**ALANI, ANAS A**
*Provider ID:* 201252
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A125237
*NPI:* 1154633709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Arrowhead Regional Medical Center, Loma Linda University Med Ctr, Riverside County Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ALSHAWABKEH, LAITH**
*Provider ID:* 118271
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A150246
*NPI:* 1346470408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BASSI, HARJOT K**
*Provider ID:* 109154
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A137189
*NPI:* 1891025565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BOCK, MATTHEW J**
*Provider ID:* 280463
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A112611
*NPI:* 1356514624
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr, Loma Linda University Childrens Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BORQUEZ, ALEJANDRO A**
*Provider ID:* 284120
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A138091
*NPI:* 1114277787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASTELLANOS, LUIS R**
*Provider ID:* 211764
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST FL 3
SAN DIEGO, CA 92103-2108
*Phone:* (858) 657-8530
*Fax:* (619) 543-2287
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A89654
*NPI:* 1013059286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial

Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASTELLANOS, LUIS R**
*Provider ID:* 211765
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A89654
*NPI:* 1013059286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHAU, PETER**
*Provider ID:* 271427
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A124924
*NPI:* 1407146947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Childrens Hospital, Loma Linda University Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COTTER, BRUNO R**
*Provider ID:* 64554
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A67069
*NPI:* 1205886389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DUMMER, KIRSTEN B**
*Provider ID:* 127310
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 5008 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: C156520
*NPI:* 1780642280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUMMER, KIRSTEN B**
*Provider ID:* 260595
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: C156520
*NPI:* 1780642280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUONG, THAO T**
*Provider ID:* 238975
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142202
*NPI:* 1205272945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOLDING, IAN F**
*Provider ID:* 210823
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: C157929
*NPI:* 1962974956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLLAPUDI, RAGHAVA R , MD**
*Provider ID:* 270060
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7901 FROST ST
SAN DIEGO, CA 92123-2701
*Phone:* (858) 499-1900
*Fax:*
*After Hours Phone:* (858) 499-1900
*Provider Gender:* Male
*License number*: A73392
*NPI:* 1467429191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GOLLAPUDI, RAGHAVA R , MD**
*Provider ID:* 270061
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6402 EL CAJON BLVD # 102
SAN DIEGO, CA 92115-2645
*Phone:* (858) 499-1900
*Fax:*
*After Hours Phone:* (858) 499-1900
*Provider Gender:* Male
*License number*: A73392
*NPI:* 1467429191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GREENBERG, BARRY H**
*Provider ID:* 64568
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G29316
*NPI:* 1093773137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HO, GORDON**
*Provider ID:* 127036
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A117703
*NPI:* 1346516069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JUSTINO, HENRI**
*Provider ID:* 284123
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: C173773
*NPI:* 1518036821
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, PAUL J**
*Provider ID:* 121303

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A109213
*NPI:* 1417104837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KIM, PAUL J**
*Provider ID:* 244996
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A109213
*NPI:* 1417104837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KING, KEVIN R**
*Provider ID:* 122219
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A151729
*NPI:* 1437440427
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEHNERT SCHUCHARDT, ELEANOR L**
*Provider ID:* 262250
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A156946
*NPI:* 1760707210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MIZZELL, ANNA M**
*Provider ID:* 214020
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A112810
*NPI:* 1851561021

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOHAMEDALI, BURHAN, MD**
*Provider ID:* 245577
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114-3629
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: A125669
*NPI:* 1831393289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, JOHN W**
*Provider ID:* 205343
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 571-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: G71756
*NPI:* 1831203124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego, Grossmont Hospital, Childrens Hosp And Resrch Ctr At Oakland, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOUSSAVIAN, MEHRAN, MD**
*Provider ID:* 242264
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114-3629
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MUELLER, DANA M**
*Provider ID:* 245535
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A131157
*NPI:* 1184915712

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NARAYANAN, MEENA R , MD**
*Provider ID:* 247695
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114-3629
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Female
*License number*: A113448
*NPI:* 1508170697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, TRI T**
*Provider ID:* 121932
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111-5800
*Phone:* (858) 277-5463
*Fax:* (858) 279-8296
*After Hours Phone:* (858) 277-5463
*Provider Gender:* Male
*License number*: G79496
*NPI:* 1962598425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1AM-6PM, TU-TH 9AM-5PM, F 8:30AM-6PM, SA 8:30AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NGUYEN, TRI T**
*Provider ID:* 205379
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4206 44TH ST
SAN DIEGO, CA 92115-4820
*Phone:* (619) 624-9433
*Fax:* (619) 624-9436
*After Hours Phone:* (619) 624-9433
*Provider Gender:* Male
*License number*: G79496
*NPI:* 1962598425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-6PM, TU-TH 9AM-5PM, F 8:30AM-6PM, SA 8:30AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NGUYEN, TRI T**
*Provider ID:* 270970
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4206 44TH ST
SAN DIEGO, CA 92115-4820
*Phone:* (619) 624-9433
*Fax:* (619) 624-9436
*After Hours Phone:* (619) 624-9433
*Provider Gender:* Male

*License number*: G79496
*NPI:* 1962598425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 1PM-6PM, TU-TH 9AM-5PM, F 8:30AM-6PM, SA 8:30AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PHREANER, NICHOLAS J**
*Provider ID:* 239946
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A126789
*NPI:* 1023373040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAH, SERENA P**
*Provider ID:* 101287
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A113704
*NPI:* 1295042653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHARF, ALBERT J , MD**
*Provider ID:* 246500
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4444 EL CAJON BLVD STE 2
SAN DIEGO, CA 92115-4392
*Phone:* (619) 470-7700
*Fax:* (619) 900-4589
*After Hours Phone:* (619) 470-7700
*Provider Gender:* Male
*License number*: G72122
*NPI:* 1649349820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHEN, JIA**
*Provider ID:* 118285
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female

*License number*: A149351
*NPI:* 1295053403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**STEINBERG, LEONARD G**
*Provider ID:* 248208
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: C149271
*NPI:* 1538279484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THOMAS, ISAC C**
*Provider ID:* 122433
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A130326
*NPI:* 1003129388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VELLORE GOVARDHAN, SHILPA**
*Provider ID:* 271454
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A121935
*NPI:* 1477702165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALTERS, DANIEL**
*Provider ID:* 240404
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129565
*NPI:* 1659665461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YEANG, CALVIN**
*Provider ID:* 238822
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A127678
*NPI:* 1598011058
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CARDIOVASCULAR DISEASE

**ADLER, ERIC D**
*Provider ID:* 120563
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5743
*Fax:*
*After Hours Phone:* (619) 543-5743
*Provider Gender:* Male
*License number*: A116525
*NPI:* 1477699601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ATHILL, CHARLES A**
*Provider ID:* 53654
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:*
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: G78671
*NPI:* 1174504252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAHADORANI, JOHN N**
*Provider ID:* 101234
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Male
*License number*: A123767
*NPI:* 1780883082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**BARNARD, DENISE D**
*Provider ID:* 64528
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5743
*Fax:* (619) 543-2917
*After Hours Phone:* (619) 543-5743
*Provider Gender:* Female
*License number*: G65241
*NPI:* 1669497731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CASTELLANOS, LUIS R**
*Provider ID:* 64282
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: A89654
*NPI:* 1013059286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEMARIA, ANTHONY N**
*Provider ID:* 64558
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G20471
*NPI:* 1124043948
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FELD, GREGORY K**
*Provider ID:* 64560
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (619) 543-7418
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G37258
*NPI:* 1720003924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOLLAPUDI, RAGHAVA R**
*Provider ID:* 53857
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:*
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: A73392
*NPI:* 1467429191

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GORDON, JOHN B**
*Provider ID:* 53855
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:*
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: C42631
*NPI:* 1962483099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOAGLAND, PETER M**
*Provider ID:* 53768
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:*
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: G54598
*NPI:* 1629059779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEHTA, HIRSCH S**
*Provider ID:* 82844
*Board Certified Specialty:* No
SAN DIEGO CARDIAC CTR MED GRP INC
3131 BERGER AVE STE 200
SAN DIEGO, CA 92123-4203
*Phone:* (858) 244-6800
*Fax:* (858) 244-6809
*After Hours Phone:* (858) 244-6800
*Provider Gender:* Male
*License number*: A105910
*NPI:* 1407099799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATEL, MITUL P**
*Provider ID:* 64131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A95406
*NPI:* 1457572448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHEREV, DIMITRI A**
*Provider ID:* 107321
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 668-1554
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A70917
*NPI:* 1154323996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bulgarian, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Alvarado Community Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CERTIFIED BEHAVIORAL ANALYST DOCTORATE

**HOWARTH, MATTHEW**
*Provider ID:* 103967
*Board Certified Specialty:* No
VERBAL BEHAVIOR ASSOCIATES
15373 INNOVATION DR STE 200
SAN DIEGO, CA 92128-3425
*Phone:* (858) 699-7579
*Fax:*
*After Hours Phone:* (858) 699-7579
*Provider Gender:* Male
*License number*: BCBA4385
*NPI:* 1629338082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED BEHAVIORAL ANALYST MASTERS

**ANDERSON, RENEE**
*Provider ID:* 116603
*Board Certified Specialty:* No
ABACUS BEHAVIORAL HEALTH
4204A ADAMS AVE
SAN DIEGO, CA 92116-2300
*Phone:* (619) 786-0074
*Fax:* (619) 202-7741
*After Hours Phone:* (619) 786-0074
*Provider Gender:* Female
*License number*: BCBA17411
*NPI:* 1952774028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TH,F 8AM-6PM, TU,W 8AM-4PM, SA 9AM-5PM
*Website:* www.abacussd.com
*Email:*
*Medical Group(s):*
*IPA:*

**CALARCO, KATHERINE**
*Provider ID:* 116600
*Board Certified Specialty:* No
ABACUS BEHAVIORAL HEALTH
4204A ADAMS AVE
SAN DIEGO, CA 92116-2300
*Phone:* (619) 786-0074
*Fax:* (619) 202-7741
*After Hours Phone:* (619) 786-0074
*Provider Gender:* Female
*License number*: BCBA2509
*NPI:* 1528216876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.abacussd.com
*Email:*
*Medical Group(s):*
*IPA:*

**JOHANNSEN, KAITLIN**
*Provider ID:* 103981
*Board Certified Specialty:* No
VERBAL BEHAVIOR ASSOCIATES
15373 INNOVATION DR STE 200
SAN DIEGO, CA 92128-3425
*Phone:* (858) 699-7579
*Fax:*
*After Hours Phone:* (858) 699-7579
*Provider Gender:* Female
*License number*: BCBA9560
*NPI:* 1619370681
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LUND, CHRISTINA**
*Provider ID:* 107337
*Board Certified Specialty:* No
AUTISM SPECTRUM THERAPIES
9445 FARNHAM ST STE 104
SAN DIEGO, CA 92123-1399
*Phone:* (866) 727-8274
*Fax:*
*After Hours Phone:* (866) 727-8274
*Provider Gender:* Female
*License number*: BCBA25064
*NPI:* 1508176314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MACHADO, AMY**
*Provider ID:* 105863
*Board Certified Specialty:* No
INCLUDE AUTISM INC
625 PENNSYLVANIA AVE
SAN DIEGO, CA 92103-4321
*Phone:* (858) 603-9835
*Fax:*
*After Hours Phone:* (858) 603-9835
*Provider Gender:* Female
*License number*: BCBA11210466
*NPI:* 1205192093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MASON, DIANA**
*Provider ID:* 118102
*Board Certified Specialty:* No
INCLUDE AUTISM INC
625 PENNSYLVANIA AVE
SAN DIEGO, CA 92103-4321
*Phone:* (858) 603-9835
*Fax:*
*After Hours Phone:* (858) 603-9835
*Provider Gender:* Female
*License number*: BCBA23279
*NPI:* 1285172858
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 9AM-6PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MONCLUS, BRITTANY**
*Provider ID:* 116927
*Board Certified Specialty:* No
CENTER FOR AUTISM AND RELATED DISORDER

7297 RONSON RD STE H
SAN DIEGO, CA 92111-1428
*Phone:* (858) 278-6603
*Fax:* (866) 287-2383
*After Hours Phone:* (858) 278-6603
*Provider Gender:* Female
*License number*: BCBA22800
*NPI:* 1356894109
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PEARCE, TAYLOR**
*Provider ID:* 106341
*Board Certified Specialty:* No
OPTIMUM BEHAVIORAL HEALTH
3702 RUFFIN RD STE 100
SAN DIEGO, CA 92123-1893
*Phone:* (619) 297-4300
*Fax:*
*After Hours Phone:* (619) 297-4300
*Provider Gender:* Female
*License number*: BCBA12133
*NPI:* 1396084935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* optimum behavioral health.com
*Email:*
*Medical Group(s):*
*IPA:*

**POPE, CATHERINE**
*Provider ID:* 103983
*Board Certified Specialty:* No
VERBAL BEHAVIOR ASSOCIATES
15373 INNOVATION DR STE 200
SAN DIEGO, CA 92128-3425
*Phone:* (858) 699-7579
*Fax:*
*After Hours Phone:* (858) 699-7579
*Provider Gender:* Female
*License number*: BCBA13424
*NPI:* 1265840763
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SALUCCI, CRISTIANA**
*Provider ID:* 107365
*Board Certified Specialty:* No
INCLUDE AUTISM INC
625 PENNSYLVANIA AVE
SAN DIEGO, CA 92103-4321
*Phone:* (858) 603-9835
*Fax:*
*After Hours Phone:* (858) 603-9835
*Provider Gender:* Female
*License number*: BCBA11621760
*NPI:* 1093199671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SWAIN, JAZMINA**
*Provider ID:* 104803
*Board Certified Specialty:* No
AUTISM SPECTRUM THERAPIES
9445 FARNHAM ST STE 104
SAN DIEGO, CA 92123-1399
*Phone:* (866) 727-8274
*Fax:*
*After Hours Phone:* (866) 727-8274
*Provider Gender:* Female
*License number*: BCBA17031
*NPI:* 1144618117
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**URIBE, ANNETTE**
*Provider ID:* 105872
*Board Certified Specialty:* No
AUTISM SPECTRUM THERAPIES
9445 FARNHAM ST STE 104
SAN DIEGO, CA 92123-1399
*Phone:* (866) 727-8274
*Fax:*
*After Hours Phone:* (866) 727-8274
*Provider Gender:* Female
*License number*: BCBA11521119
*NPI:* 1528426012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VOLEN, SHAWNA**
*Provider ID:* 106468
*Board Certified Specialty:* No
AUTISM SPECTRUM THERAPIES
9445 FARNHAM ST STE 104
SAN DIEGO, CA 92123-1399
*Phone:* (866) 727-8274
*Fax:*
*After Hours Phone:* (866) 727-8274
*Provider Gender:* Female
*License number*: BCBA18995
*NPI:* 1710360417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE PRACTITIONER

**ABARE, KATHRYN H**
*Provider ID:* 262187
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP95003999
*NPI:* 1609147651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ABCEDE, EMILY A**
*Provider ID:* 263772
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: NP95007801
*NPI:* 1548654916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ABDOU, KRISTY R**
*Provider ID:* 104606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP19601
*NPI:* 1487801817
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AGUILAR, JIRA JANE B**
*Provider ID:* 284158
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: NP95016636
*NPI:* 1376136770
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AJMERA, ARCHANA J**
*Provider ID:* 126606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP22933
*NPI:* 1063792240
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AKINS, TARA M**
*Provider ID:* 112490
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP14090
*NPI:* 1548475072
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALSTEEN, STEPHANIE D**
*Provider ID:* 291389
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Female
*License number*: NP95017675
*NPI:* 1013680982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AMER DAVIS, STACY K**
*Provider ID:* 83186
*Board Certified Specialty:* No
UCSD EMERG PHYSICIANS
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP20267
*NPI:* 1750661641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AMOS, MARIA**
*Provider ID:* 291439
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018544
*NPI:* 1235891953
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ANDREWS, BARBARA G**
*Provider ID:* 291427
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP9397
*NPI:* 1235145962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ARCANGEL, ANGEL I**
*Provider ID:* 270380
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
995 GATEWAY CENTER WAY STE 202
SAN DIEGO, CA 92102-4545
*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Provider Gender:* Female
*License number*: NP95012405
*NPI:* 1801319306
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BACANI, GRACE M**

*Provider ID:* 256096
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95001006
*NPI:* 1093124703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BAKER, TANYA E**
*Provider ID:* 255625
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (858) 534-8019
*Fax:*
*After Hours Phone:* (858) 534-8019
*Provider Gender:* Female
*License number*: NP95004209
*NPI:* 1699184259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BALL, KELLY R**
*Provider ID:* 110935
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95004819
*NPI:* 1902343833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BARBA, LAURA A**
*Provider ID:* 109544
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: NP10291
*NPI:* 1700099645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**BARBA, LAURA A**
*Provider ID:* 110350
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-1636
*Fax:* (619) 543-6500
*After Hours Phone:* (858) 657-1636
*Provider Gender:* Female

*License number*: NP10291
*NPI:* 1700099645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**BARBA, LAURA A**
*Provider ID:* 255791
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-7496
*Fax:*
*After Hours Phone:* (619) 543-7496
*Provider Gender:* Female
*License number*: NP10291
*NPI:* 1700099645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**BARBA, LAURA A**
*Provider ID:* 262151
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: NP10291
*NPI:* 1700099645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**BENARD, ROBERT A**
*Provider ID:* 268229
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95000121
*NPI:* 1184027724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BERNARDO-GREGORY, ELSIE S , NPA**
*Provider ID:* 244829
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 240-6470
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP15257
*NPI:* 1588808349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BERNARDO-GREGORY, ELSIE S , NPA**
*Provider ID:* 244830
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD STE B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 240-6470
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP15257
*NPI:* 1588808349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BIANCO, ANDREA D**
*Provider ID:* 115264
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP22530
*NPI:* 1720326952
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BIANCO, ANDREA D**
*Provider ID:* 115264
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: RN551574
*NPI:* 1720326952
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BILENKAYA, IRINA**
*Provider ID:* 83240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP15880
*NPI:* 1801030267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BILOTTA, NATALIE J**
*Provider ID:* 291418
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95017334
*NPI:* 1144809393
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOLIVAR, NATALIE A**
*Provider ID:* 268648
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8000
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8000
*Provider Gender:* Female
*License number*: NP95004672
*NPI:* 1083169296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BUCKLEY, MAUREEN D**
*Provider ID:* 110384
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95001205
*NPI:* 1619377447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUENROSTRO, CHRISTINA**
*Provider ID:* 243718
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95004366
*NPI:* 1851749253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAIN, JULIA M**
*Provider ID:* 83250
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP18867
*NPI:* 1457593808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CALLAHAN, ABIGAIL B**
*Provider ID:* 102155
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 410
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP95001371
*NPI:* 1649655317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CALLAHAN, ABIGAIL B**
*Provider ID:* 287518
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP95001371
*NPI:* 1649655317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMARGO-LOWTHERS, ANGELICA M , NPA**
*Provider ID:* 270981
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: RN521048
*NPI:* 1912982539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS, ANGELICA M , NPA**
*Provider ID:* 270981
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: NP14412
*NPI:* 1912982539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS, ANGELICA M**
*Provider ID:* 54944
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: RN521048
*NPI:* 1912982539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS, ANGELICA M**
*Provider ID:* 54944
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: NP14412
*NPI:* 1912982539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAPOZZI, JENNIFER E**
*Provider ID:* 241031
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP11056
*NPI:* 1336258276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CARRION GELABERT, ANA M**
*Provider ID:* 262207
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: NP95000052
*NPI:* 1023178233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHANTALA, ELIZABETH A**
*Provider ID:* 291305
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95019022
*NPI:* 1942430442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHASE, AVA LOU C**
*Provider ID:* 83281
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: NP95000602
*NPI:* 1164496386
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**CHAVEZ, ALEXANDRIA D**
*Provider ID:* 243357
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95012447
*NPI:* 1811543622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHEATHAM, BRITTANY L**
*Provider ID:* 291461
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95006622
*NPI:* 1184111684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOATE, BERNADETTE R**
*Provider ID:* 286368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP21945
*NPI:* 1104173558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOATE, BERNADETTE R**
*Provider ID:* 286369
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP21945
*NPI:* 1104173558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHURCHMAN, CATHERINE M**
*Provider ID:* 277170
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: NP95016265
*NPI:* 1407442049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COLLIER, SUMMER B**
*Provider ID:* 113776
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: NP19943
*NPI:* 1487964235
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COLLINS, ANGELINA E**
*Provider ID:* 123644
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP16516
*NPI:* 1720001324
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**COLLINS, CYNTHIA M**
*Provider ID:* 83299
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: NP17358
*NPI:* 1780869164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CONNOR, CAROLINE L**
*Provider ID:* 279835
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13032
*NPI:* 1609081710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CONNOR, CAROLINE L**
*Provider ID:* 279836
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6030 VILLAGE WAY
SAN DIEGO, CA 92130-2972
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13032
*NPI:* 1609081710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CONTILLO, AMBER L**
*Provider ID:* 260069
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: NP95005629
*NPI:* 1154630838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COSINO, ANJELICA T**
*Provider ID:* 201309
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95008222
*NPI:* 1295238749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COUCH, SARA M**
*Provider ID:* 113766
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP20894
*NPI:* 1851633507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CRONIN, ILEEN F**
*Provider ID:* 289128
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: NP95016133
*NPI:* 1275919474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CUTLER, APRYL L**
*Provider ID:* 273326
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 966-5484
*Fax:*
*After Hours Phone:* (858) 966-5484
*Provider Gender:* Female
*License number*: NP95012457
*NPI:* 1467960120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DAVID, RHYS S**
*Provider ID:* 260090
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 966-7791
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: NP21537
*NPI:* 1790056166
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DAVIES, SUMMER R**
*Provider ID:* 253692
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 220
SAN DIEGO, CA 92122-1040
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP21519
*NPI:* 1679850671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAVIS, JANET M**
*Provider ID:* 255796
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9250
*Fax:* (619) 471-9275
*After Hours Phone:* (619) 471-9250
*Provider Gender:* Female
*License number*: NP95006617
*NPI:* 1164616280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEBSKI, LAUREN S**
*Provider ID:* 291252
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Female
*License number*: NP95017889
*NPI:* 1144874694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**DEUTSCH, KAREN G**
*Provider ID:* 247980
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP19446
*NPI:* 1740517127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEUTSCH, KAREN G**
*Provider ID:* 247981
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP19446
*NPI:* 1740517127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DINNALL, CHRISTINA M**
*Provider ID:* 289133
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5888
*Fax:*
*After Hours Phone:* (858) 966-5888
*Provider Gender:* Female
*License number*: NP95005438
*NPI:* 1831632843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOAN, ANGELA Q**
*Provider ID:* 291425
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95009568
*NPI:* 1639638968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOAN, ANGELA Q**
*Provider ID:* 291426
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Female
*License number*: NP95009568
*NPI:* 1639638968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DODD-SULLIVAN, REBECCA M**
*Provider ID:* 112552
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP21994
*NPI:* 1760823629

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOVE, JANET H**
*Provider ID:* 83367
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP8210
*NPI:* 1982860664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DRISCOLL, KARRIE**
*Provider ID:* 286345
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP22651
*NPI:* 1396085098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DWYER, ERIN**
*Provider ID:* 108501
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:*
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Female
*License number*: NP95004184
*NPI:* 1003260894
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DWYER, ERIN, NPA**
*Provider ID:* 269863
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Female
*License number*: NP95004184
*NPI:* 1003260894
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELMORE, DUDLEY G**
*Provider ID:* 83410
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP18199
*NPI:* 1568620375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ERICKSON, LISA K**
*Provider ID:* 278982
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95016319
*NPI:* 1669442182
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ERICKSON, LISA K**
*Provider ID:* 287444
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95016319
*NPI:* 1669442182
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ESPEJO, MARISSA C**
*Provider ID:* 121410
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-0320
*Fax:*
*After Hours Phone:* (619) 471-0320
*Provider Gender:* Female
*License number*: NP20343
*NPI:* 1508112590
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ESPEJO, MARISSA C**
*Provider ID:* 122175
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: NP20343
*NPI:* 1508112590
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ESTRELLA, SUE K**
*Provider ID:* 127237
*Board Certified Specialty:* No
OPERATION SAMAHAN - MIRA MESA
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP95005047
*NPI:* 1083137541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - Mira Mesa
*IPA:*

**FEITH, MEGAN M**
*Provider ID:* 260520
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP95009508
*NPI:* 1912472754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FEIZI, SEDI**
*Provider ID:* 118629
*Board Certified Specialty:* No
SOUTHERN CALIFORNIA INTERVENTIONAL ASSOC
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102-4544
*Phone:* (619) 263-9729
*Fax:*
*After Hours Phone:* (619) 263-9729
*Provider Gender:* Female
*License number*: NP95002309
*NPI:* 1861889370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLORES, ELEANOR A**
*Provider ID:* 83432
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP13994
*NPI:* 1730264250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLOWERS, JEREMY R**
*Provider ID:* 112525
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP15316
*NPI:* 1013913045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEBEN, CODY J**
*Provider ID:* 244095
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95008175
*NPI:* 1992179162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARCIA, DAVID**
*Provider ID:* 78655
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP9111
*NPI:* 1851544480
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARTH, MELISSA A**
*Provider ID:* 274053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95011870
*NPI:* 1689232977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GENNA, VINCENT T**
*Provider ID:* 83461
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP19869
*NPI:* 1447554563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GILBERT, TARI L**
*Provider ID:* 103582
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: NP10378
*NPI:* 1811248347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GINGER, KRISTEN S**
*Provider ID:* 261025
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: NP95002382
*NPI:* 1659646792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GIVENS, DENISE H**
*Provider ID:* 287515
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP14891
*NPI:* 1396810099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GODINO, DANIELLE E**
*Provider ID:* 255948
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95005056
*NPI:* 1689125965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GODINO, DANIELLE E**
*Provider ID:* 255949
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95005056
*NPI:* 1689125965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GODINO, DANIELLE E**
*Provider ID:* 255950
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95005056
*NPI:* 1689125965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GONZALEZ, KYLA J**
*Provider ID:* 261017
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: NP17058
*NPI:* 1548545494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GRISSINGER, AMY E**
*Provider ID:* 271415
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: NP95001570
*NPI:* 1649663824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GRUBENSKY, LINDSAY T**
*Provider ID:* 287687
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 400
SAN DIEGO, CA 92123-2753
*Phone:* (858) 495-0500
*Fax:* (858) 560-4279
*After Hours Phone:* (858) 495-0500
*Provider Gender:* Female
*License number*: NP20953
*NPI:* 1619255577
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUADARRAMA, IGNACIO**
*Provider ID:* 262419
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
995 GATEWAY CENTER WAY STE 105
SAN DIEGO, CA 92102-4544
*Phone:* (619) 264-1934
*Fax:* (619) 264-1937
*After Hours Phone:* (619) 264-1934
*Provider Gender:* Male
*License number*: NP95003671
*NPI:* 1821331174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**HALDEMAN, SHYLAH M**
*Provider ID:* 261030
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: NP95002511
*NPI:* 1497159495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HARKNESS, RUMIKO**
*Provider ID:* 208841
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP11566
*NPI:* 1487785093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEAD, KRISTIN N**
*Provider ID:* 268656
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: NP20264
*NPI:* 1699078923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HILLIARD, THESALONICA P**
*Provider ID:* 284022
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP95010585
*NPI:* 1861956724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HOOPER, BONNIE J , NPA**
*Provider ID:* 275254
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: NP6495
*NPI:* 1821062878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HOOPER, BONNIE J , NPA**
*Provider ID:* 275255
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: NP6495
*NPI:* 1821062878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HORNFELD, COURTNEY A**
*Provider ID:* 277359
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95013375
*NPI:* 1982234027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JENNINGS, CHARLES A**
*Provider ID:* 112942
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP95000764
*NPI:* 1790186708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JONES, CHRISTA E**
*Provider ID:* 275563
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95914220
*NPI:* 1396371431
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAUFMAN-SCIORTINO, JENNIFER B**
*Provider ID:* 262125
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6475 ALVARADO RD STE 120
SAN DIEGO, CA 92120-5007
*Phone:* (619) 583-6133
*Fax:* (619) 583-0321
*After Hours Phone:* (619) 583-6133
*Provider Gender:* Female
*License number*: NP17347
*NPI:* 1346435849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLY, COLLEEN F**
*Provider ID:* 262277
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP95002304
*NPI:* 1578932190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**KELLY, COLLEEN F**
*Provider ID:* 287511
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP95002304
*NPI:* 1578932190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLY, TARA M**
*Provider ID:* 107336
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95001320
*NPI:* 1396995163
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KILLIAN-BENIGNO, CHRISTINA M**
*Provider ID:* 105465
*Board Certified Specialty:* No
CHILDRENS HOSP SAN DIEGO CHADWICK CTR
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP21551
*NPI:* 1962772970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KILLIAN-BENIGNO, CHRISTINA M**
*Provider ID:* 262276
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP21551
*NPI:* 1962772970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIRK, MARY P**
*Provider ID:* 83658
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR

SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP17276
*NPI:* 1760668073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLEIN, SUSAN H**
*Provider ID:* 286748
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3703 CAMINO DEL RIO S STE 210
SAN DIEGO, CA 92108-4033
*Phone:* (619) 640-5555
*Fax:* (619) 640-5550
*After Hours Phone:* (619) 640-5555
*Provider Gender:* Female
*License number*: NP23266
*NPI:* 1831522010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KNECHEL, NANCY A**
*Provider ID:* 83659
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP17401
*NPI:* 1871757211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KNIGHT, TARA J**
*Provider ID:* 276446
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95012285
*NPI:* 1801394358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOTULA, KELLY E**
*Provider ID:* 268922
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD STE 400
SAN DIEGO, CA 92123-1955
*Phone:* (858) 966-8801
*Fax:* (858) 966-7803
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP95012078
*NPI:* 1518519305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUKULJ, ANA V**
*Provider ID:* 110849
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95001490
*NPI:* 1063800316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAFORTEZA, JOZELLE B**
*Provider ID:* 202666
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95001036
*NPI:* 1538578307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE FLOCH, NATHALIE M**
*Provider ID:* 262126
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP15079
*NPI:* 1689709271
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEBLANC, ALLYN E**
*Provider ID:* 275538
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95004227
*NPI:* 1376732685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEBLANC, SHANNON K**
*Provider ID:* 125813
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (888) 309-8273
*Fax:*
*After Hours Phone:* (888) 309-8273
*Provider Gender:* Female
*License number*: NP95003982
*NPI:* 1073053179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEBLANC, SHANNON K**
*Provider ID:* 127300
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95003982
*NPI:* 1073053179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, RACHAEL O**
*Provider ID:* 278005
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95009773
*NPI:* 1205318920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEVY, SHARON B**
*Provider ID:* 262166
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:*
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Female
*License number*: NP95003383
*NPI:* 1316396807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LIEBMAN, RACHAEL R**
*Provider ID:* 280389
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95007834
*NPI:* 1396130050
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIM, IMELDA B**
*Provider ID:* 99317
*Board Certified Specialty:* No
OPERATION SAMAHAN - MIRA MESA
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP95000203
*NPI:* 1093130395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - Mira Mesa
*IPA:*

**LOPEZ, SARA O**
*Provider ID:* 265119
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: NP14008
*NPI:* 1003954116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LUCKETT, DE COURCY E**
*Provider ID:* 271115
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3520 4TH AVE
SAN DIEGO, CA 92103-4913
*Phone:* (714) 619-8777
*Fax:*
*After Hours Phone:* (714) 619-8777
*Provider Gender:* Female
*License number*: NP95000435
*NPI:* 1023410578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUX, PAULYNE**
*Provider ID:* 126210
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: NP23162
*NPI:* 1255763942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**MAGLIOCCA, MICHAEL A**
*Provider ID:* 113336
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (844) 757-5337
*Fax:*
*After Hours Phone:* (844) 757-5337
*Provider Gender:* Male
*License number*: NP8830
*NPI:* 1821063538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARCELO, ALLISON J**
*Provider ID:* 116525
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95001387
*NPI:* 1760887194
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARSHALL, KIMBERLY J**
*Provider ID:* 102304
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 5008 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: NP95002840
*NPI:* 1508204090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARTINEZ, JOYCELLE C**
*Provider ID:* 84009
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 657-8530
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: NP16021
*NPI:* 1891906228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCQUINN, ELIZABETH A**
*Provider ID:* 262249
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP95005300
*NPI:* 1922512318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MELTZER, VIRGINIA N**
*Provider ID:* 287395
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
350 DICKINSON ST
SAN DIEGO, CA 92103-1913
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95015948
*NPI:* 1821684390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**MELTZER, VIRGINIA N**
*Provider ID:* 290952
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: NP95015948
*NPI:* 1821684390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**MEYER, DAWN M**
*Provider ID:* 84131
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP15769
*NPI:* 1467575126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MICHAEL, GEORGINA M**
*Provider ID:* 84132
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female

*License number*: NP13763
*NPI:* 1780825679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLER, EVA M**
*Provider ID:* 255833
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9210
*Fax:*
*After Hours Phone:* (619) 471-9210
*Provider Gender:* Female
*License number*: NP8121
*NPI:* 1043492523
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIRANDA, ADRIANNA R**
*Provider ID:* 283729
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: NP14263
*NPI:* 1316271570
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MIRANDA, BRIDGET A**
*Provider ID:* 127249
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: NP95006082
*NPI:* 1225548159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MIRANDA, BRIDGET A**
*Provider ID:* 262338
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: NP95006082
*NPI:* 1225548159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp

*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MIRANDA, BRIDGET A**
*Provider ID:* 262341
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY BLDG 28
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-8052
*Fax:*
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: NP95006082
*NPI:* 1225548159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MISEL, TINA J**
*Provider ID:* 110428
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (858) 657-8071
*Fax:*
*After Hours Phone:* (858) 657-8071
*Provider Gender:* Female
*License number*: NP9990
*NPI:* 1912011347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOHEBBI, ATHENA**
*Provider ID:* 201325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP19120
*NPI:* 1952627176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MORENO, MANUEL**
*Provider ID:* 116132
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5743
*Fax:*
*After Hours Phone:* (619) 543-5743
*Provider Gender:* Male
*License number*: NP22268
*NPI:* 1275991929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**MULVEY, CAOILFHIONN M**
*Provider ID:* 291419
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018331
*NPI:* 1184386864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NEJATI, FRESHTA**
*Provider ID:* 214112
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95001514
*NPI:* 1831598119
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NETZEL, JENNIFER J**
*Provider ID:* 291346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE
SAN DIEGO, CA 92121-2111
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018760
*NPI:* 1336896232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NETZEL, JENNIFER J**
*Provider ID:* 291347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018760
*NPI:* 1336896232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NETZEL, JENNIFER J**
*Provider ID:* 291348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018760
*NPI:* 1336896232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, MY HANH T**
*Provider ID:* 110207
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST # 1A
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Female
*License number*: NP23129
*NPI:* 1598950651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NOCEDA, ANA B**
*Provider ID:* 262231
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP19505
*NPI:* 1386971760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NORTON, SARAH E**
*Provider ID:* 207059
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95010335
*NPI:* 1730659756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NOVENO, HILARIO C**
*Provider ID:* 286911
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95010779
*NPI:* 1124486865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**NOVENO, HILARIO C**
*Provider ID:* 286912
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NP95010779
*NPI:* 1124486865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OFLAHERTY-KEESE, KATE M**
*Provider ID:* 262329
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8010 FROST ST STE 502
SAN DIEGO, CA 92123-4222
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Female
*License number*: NP12100
*NPI:* 1144417726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OFLAHERTY-KEESE, KATE M**
*Provider ID:* 81394
*Board Certified Specialty:* No
CHILDRENS HOSP SAN DIEGO CHADWICK CTR
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP12100
*NPI:* 1144417726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ORPILLA, IMELDA M**
*Provider ID:* 127158
*Board Certified Specialty:* No
OPERATION SAMAHAN RANCHO PENASQUITOS
9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP95003211
*NPI:* 1790785988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan Rancho Penasquitos
*IPA:* Community Care Ipa Llc

**ORPILLA, IMELDA M , NPA**
*Provider ID:* 243506
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD # B10-B11

SAN DIEGO, CA 92129-2889
*Phone:* (214) 590-5306
*Fax:* (858) 240-6470
*After Hours Phone:* (214) 590-5306
*Provider Gender:* Female
*License number*: NP95003211
*NPI:* 1790785988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ORPILLA, IMELDA M**
*Provider ID:* 282962
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: NP95003211
*NPI:* 1790785988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PADILLA, KIMBERLY C**
*Provider ID:* 262458
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP95010468
*NPI:* 1639649239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PADILLA, KIMBERLY C**
*Provider ID:* 262459
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6789
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP95010468
*NPI:* 1639649239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PAI, SARAH A**
*Provider ID:* 276870
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
350 DICKINSON ST
SAN DIEGO, CA 92103-1913
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP23711
*NPI:* 1255762167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PAMELAR, CHRISTINA T**
*Provider ID:* 291298
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: NP22823
*NPI:* 1154762003
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, ANDREA L**
*Provider ID:* 287526
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP17208
*NPI:* 1821311804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARK, SUN MIN**
*Provider ID:* 262377
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: NP20538
*NPI:* 1376678250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARK, SUN MIN**
*Provider ID:* 262378
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: NP20538
*NPI:* 1376678250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARK, SUN MIN**
*Provider ID:* 262379
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP20538
*NPI:* 1376678250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARNELL, TANIKA E**
*Provider ID:* 255551
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP95013165
*NPI:* 1679121750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARNELL, TANIKA E**
*Provider ID:* 287646
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:* (858) 566-3321
*After Hours Phone:* (858) 566-4444
*Provider Gender:* Female
*License number*: NP95013165
*NPI:* 1679121750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARNELL, TANIKA E**
*Provider ID:* 287648
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130-2597
*Phone:* (858) 793-1011
*Fax:* (858) 793-1035
*After Hours Phone:* (858) 793-1011
*Provider Gender:* Female
*License number*: NP95013165
*NPI:* 1679121750
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PASTERNAK, ANNA**
*Provider ID:* 279593

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: NP95016490
*NPI:* 1508459496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, KELLY M**
*Provider ID:* 110294
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: NP95004735
*NPI:* 1033493747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**PENA LEDON, GILBERTO**
*Provider ID:* 120284
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: NP22396
*NPI:* 1447598354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PENA LEDON, GILBERTO**
*Provider ID:* 120286
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: NP22396
*NPI:* 1447598354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PENA LEDON, GILBERTO**
*Provider ID:* 270084
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4520 EXECUTIVE DR # CL
SAN DIEGO, CA 92121-3018

*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: NP22396
*NPI:* 1447598354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEREZ, ALLYSSA M**
*Provider ID:* 286222
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95015479
*NPI:* 1497358915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PEREZ, ALLYSSA M**
*Provider ID:* 286223
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95015479
*NPI:* 1497358915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PETER-TRUESDELL, JILLIAN**
*Provider ID:* 276460
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11943 EL CAMINO REAL STE 210
SAN DIEGO, CA 92130-2597
*Phone:* (858) 793-1011
*Fax:* (858) 793-1035
*After Hours Phone:* (858) 793-1011
*Provider Gender:* Female
*License number*: NP21205
*NPI:* 1518247436
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PETTIS, BETH S**
*Provider ID:* 286878
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95016003
*NPI:* 1326638958
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHILLIPS, KELLY M**
*Provider ID:* 84327
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (888) 309-8273
*Fax:*
*After Hours Phone:* (888) 309-8273
*Provider Gender:* Female
*License number*: NP18868
*NPI:* 1336370543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PIATKOWSKI, BRIAN A**
*Provider ID:* 84329
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: NP20954
*NPI:* 1366703233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PROWSE, KAYLEIGH M**
*Provider ID:* 271425
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: NP22923
*NPI:* 1316571367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRUETT, ZHIKE**
*Provider ID:* 76608
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:*
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Female
*License number*: NP22373
*NPI:* 1295086262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings

Medical Group-Sd

**RAJAEI, NILOUFAR**
*Provider ID:* 291437
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95017210
*NPI:* 1275904047
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**REINER, GAIL E**
*Provider ID:* 262382
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: NP13630
*NPI:* 1710167853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REINER, GAIL E**
*Provider ID:* 284946
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13630
*NPI:* 1710167853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REINER, GAIL E**
*Provider ID:* 82165
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 5008 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: NP13630
*NPI:* 1710167853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REUTER, GIANA D**
*Provider ID:* 105705

*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP16763
*NPI:* 1437483914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**REUTER, GIANA D**
*Provider ID:* 262437
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: NP16763
*NPI:* 1437483914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDS, LISA M**
*Provider ID:* 84582
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: NP8458
*NPI:* 1720247612
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIEGO, SUZANNE N**
*Provider ID:* 214477
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (858) 292-7200
*Fax:*
*After Hours Phone:* (858) 292-7200
*Provider Gender:* Female
*License number*: NP18212
*NPI:* 1144453754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIPP, CHERYL L**
*Provider ID:* 264955
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052

*Provider Gender:* Female
*License number*: NP95000092
*NPI:* 1376972174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIPP, CHERYL L**
*Provider ID:* 97416
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: NP95000092
*NPI:* 1376972174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIVIELLO, GABRIELA**
*Provider ID:* 84587
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP13576
*NPI:* 1871758508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTSON, RACHAEL A**
*Provider ID:* 286940
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95015675
*NPI:* 1659912327
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RODRIGUEZ, NATALY E**
*Provider ID:* 275649
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8801
*Fax:* (858) 966-7508
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP95010299
*NPI:* 1558839837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSSI, CATHERINE R**
*Provider ID:* 291445
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95018984
*NPI:* 1649934126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROSS, CRYSTAL H**
*Provider ID:* 287763
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
350 DICKINSON ST
SAN DIEGO, CA 92103-1913
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95015413
*NPI:* 1548683378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCOTT, ILEANA E**
*Provider ID:* 264608
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: NP14157
*NPI:* 1821142803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTT, MARYLOU**
*Provider ID:* 262838
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: NP10261
*NPI:* 1023223252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTT, MARYLOU**
*Provider ID:* 262839
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: NP10261
*NPI:* 1023223252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTT, MARYLOU**
*Provider ID:* 262840
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: NP10261
*NPI:* 1023223252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SEARS-WILEY, ELIZABETH**
*Provider ID:* 276851
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
350 DICKINSON ST
SAN DIEGO, CA 92103-1913
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95007257
*NPI:* 1215394382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEKERES, JADE L**
*Provider ID:* 289130
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: NP95012149
*NPI:* 1487208252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SELBY, BLAKE A**
*Provider ID:* 246423
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR

SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP18112
*NPI:* 1417194358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SELBY, BLAKE A**
*Provider ID:* 256646
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP18112
*NPI:* 1417194358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHACKELFORD, JENNIFER L**
*Provider ID:* 116986
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95004457
*NPI:* 1518202944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHELDON, ELIZABETH P**
*Provider ID:* 105742
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP95003217
*NPI:* 1336511831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHELDON, ELIZABETH P**
*Provider ID:* 262747
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2-WEST
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Female
*License number*: NP95003217
*NPI:* 1336511831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHUMAKOVA, ALINA**
*Provider ID:* 270583
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP95008524
*NPI:* 1083116321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SILVA, MICHELLE L**
*Provider ID:* 264529
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: NP22781
*NPI:* 1891036448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SILVA, MICHELLE L**
*Provider ID:* 92079
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: NP22781
*NPI:* 1891036448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SMITH, ELIZABETH W**
*Provider ID:* 287506
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: NP95006872
*NPI:* 1568953172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SMITH, HEIDI A**
*Provider ID:* 84817
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP8236
*NPI:* 1992950539
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SOTO, ROBIN J**
*Provider ID:* 110448
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SOTO, ROBIN J**
*Provider ID:* 80434
*Board Certified Specialty:* No
SHERMAN HEIGHTS FAMILY HLTH CTRS INC
2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
*Phone:* (619) 515-2435
*Fax:*
*After Hours Phone:* (619) 515-2435
*Provider Gender:* Female
*License number*: NP11778
*NPI:* 1487688099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):* Sherman Heights Family Hlth Ctrs Inc
*IPA:*

**SOX, REBECCA L**
*Provider ID:* 102397
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3665 KEARNY VILLA RD STE 400
SAN DIEGO, CA 92123-1955
*Phone:* (858) 966-8801
*Fax:*
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP14589
*NPI:* 1053519850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SOX, REBECCA L**
*Provider ID:* 263650
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7869
*Fax:* (619) 543-7543
*After Hours Phone:* (619) 543-7869
*Provider Gender:* Female
*License number*: NP14589
*NPI:* 1053519850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SOX, REBECCA L**
*Provider ID:* 263651
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5382
*Fax:* (858) 966-6733
*After Hours Phone:* (858) 966-5382
*Provider Gender:* Female
*License number*: NP14589
*NPI:* 1053519850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SOX, REBECCA L**
*Provider ID:* 88214
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7869
*Fax:*
*After Hours Phone:* (619) 543-7869
*Provider Gender:* Female
*License number*: NP14589
*NPI:* 1053519850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPIES, JEANIE M**
*Provider ID:* 263928
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP4891
*NPI:* 1861688756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPIES, JEANIE M**
*Provider ID:* 85883
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 5008 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: NP4891
*NPI:* 1861688756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STANGL, LISA**
*Provider ID:* 84903
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-8089
*Fax:*
*After Hours Phone:* (619) 543-8089
*Provider Gender:* Female
*License number*: NP5599
*NPI:* 1902864580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**STEARNS, PHILIP H**
*Provider ID:* 265077
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: NP11899
*NPI:* 1609900810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STEARNS, PHILIP H**
*Provider ID:* 265078
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Male
*License number*: NP11899
*NPI:* 1609900810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STEARNS, PHILIP H**
*Provider ID:* 265079
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: NP11899
*NPI:* 1609900810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STEPHENSON, CARA LEE**
*Provider ID:* 265236
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Female
*License number*: NP16262
*NPI:* 1245416296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STEPHENSON, CARA LEE**
*Provider ID:* 80610
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: NP16262
*NPI:* 1245416296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SWARTZ, ERIN**
*Provider ID:* 255787
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (858) 657-8530
*Fax:*
*After Hours Phone:* (858) 657-8530
*Provider Gender:* Female
*License number*: NP95011666
*NPI:* 1639571292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAING, JENNIFER S**
*Provider ID:* 201573
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP22002

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1649528357
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TALBOT, ADRIANNE V**
*Provider ID:* 278183
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST # 1A
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP17553
*NPI:* 1992048557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TANGTUMNU, RUNGFA**
*Provider ID:* 84922
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP17451
*NPI:* 1689828741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAYLOR, KAYLA L**
*Provider ID:* 124031
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Provider Gender:* Female
*License number*: NP95006792
*NPI:* 1730604414
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego- City College
*IPA:*

**THOMPSON, COURTNEY J**
*Provider ID:* 112483
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Female
*License number*: NP95001073
*NPI:* 1629487285
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**THRASHER, JULIA A**
*Provider ID:* 121886
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: NP95007258
*NPI:* 1073031993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOPEROFF, WILL E**
*Provider ID:* 84926
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: NP14178
*NPI:* 1013103472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOPPEN, LAURA**
*Provider ID:* 215477
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95010163
*NPI:* 1326563495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TOROK, ELIZABETH M**
*Provider ID:* 265129
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2-WEST
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP21326
*NPI:* 1386901700
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TURNER, ELIZABETH A**
*Provider ID:* 255601
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 315
SAN DIEGO, CA 92121-3029

*Phone:* (858) 534-8019
*Fax:*
*After Hours Phone:* (858) 534-8019
*Provider Gender:* Female
*License number*: NP95009547
*NPI:* 1326570045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VALENCIANO, MARCI J**
*Provider ID:* 263001
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: NP20033
*NPI:* 1093780421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VALLES, ELIZABETH A**
*Provider ID:* 108406
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3665 KEARNY VILLA RD STE 400
SAN DIEGO, CA 92123-1955
*Phone:* (858) 966-8801
*Fax:*
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP95002921
*NPI:* 1609235589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VALLES, ELIZABETH A**
*Provider ID:* 263033
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD STE 400
SAN DIEGO, CA 92123-1955
*Phone:* (858) 966-8801
*Fax:* (858) 966-8528
*After Hours Phone:* (858) 966-8801
*Provider Gender:* Female
*License number*: NP95002921
*NPI:* 1609235589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VIBAL-POASTER, MARIA K**
*Provider ID:* 205651
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female

*License number*: NP95008661
*NPI:* 1376046680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WATSON, CHRISTINE M**
*Provider ID:* 270000
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
995 GATEWAY CENTER WAY STE 202
SAN DIEGO, CA 92102-4545
*Phone:* (619) 264-3107
*Fax:* (619) 264-6927
*After Hours Phone:* (619) 264-3107
*Provider Gender:* Female
*License number*: NP95006319
*NPI:* 1508307364
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WILLEY, MARTI L , NPA**
*Provider ID:* 256421
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: NP22548
*NPI:* 1144574062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WILLIAMS, BREAHNA A**
*Provider ID:* 115124
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Provider Gender:* Female
*License number*: NP95001840
*NPI:* 1063884864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-F 8AM-6PM, SA 8AM-2PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

**WOUDSTRA, JOCELYN**
*Provider ID:* 283535
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Female
*License number*: NP95017397
*NPI:* 1609261965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YEH-NAYRE, LANIPUA A**
*Provider ID:* 262455
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY BLDG 2
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP17336
*NPI:* 1417157819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YEH-NAYRE, LANIPUA A**
*Provider ID:* 82992
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: NP17336
*NPI:* 1417157819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZENDEJAS, CATHERINE T**
*Provider ID:* 279271
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
6475 ALVARADO RD STE 120
SAN DIEGO, CA 92120-5007
*Phone:* (619) 583-6133
*Fax:* (619) 583-0321
*After Hours Phone:* (619) 583-6133
*Provider Gender:* Female
*License number*: NP95016516
*NPI:* 1639590326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## CERTIFIED REGISTERED NURSE MIDWIFE

**COOPER, ANNE S**
*Provider ID:* 83306
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-6792
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NM1689
*NPI:* 1477644417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOLLAND, STEVEN C**
*Provider ID:* 280552
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: NA95000632
*NPI:* 1982059044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Kern Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EKHOLM, JANNA L**
*Provider ID:* 122017
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:*
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NM1894
*NPI:* 1588977151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**EKHOLM, JANNA L**
*Provider ID:* 290584
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (858) 633-4681
*After Hours Phone:* (619) 563-0250
*Provider Gender:* Female
*License number*: NM1894
*NPI:* 1588977151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**GARRETT BROWN, REBECCA C**
*Provider ID:* 83460
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-6792
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NMW862
*NPI:* 1659344224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOODWIN, RACHEL K**
*Provider ID:* 210018
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1908
*NPI:* 1518274919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOODWIN, RACHEL K**
*Provider ID:* 210019
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1908
*NPI:* 1518274919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GREAR MANN, MELISSA P**
*Provider ID:* 210052
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NMW1830
*NPI:* 1255384475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GREAR MANN, MELISSA P**
*Provider ID:* 210053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NMW1830
*NPI:* 1255384475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUNTHER, HOPE R**
*Provider ID:* 210041
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1421
*NPI:* 1285667741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUNTHER, HOPE R**
*Provider ID:* 83523
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (888) 309-8273
*Fax:*
*After Hours Phone:* (888) 309-8273
*Provider Gender:* Female
*License number*: NM1421
*NPI:* 1285667741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 210054
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7878
*Fax:*
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 210055
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:*
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 210058
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 83593
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (888) 309-8273
*Fax:*
*After Hours Phone:* (888) 309-8273
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIRSCH, JENNIFER S**
*Provider ID:* 83595
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-6792
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NMW970
*NPI:* 1891752069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOMBERG, JESSICA**
*Provider ID:* 291455
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM236132
*NPI:* 1386046266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOMBERG, JESSICA**
*Provider ID:* 291456
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM236132
*NPI:* 1386046266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 210134
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-2366
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 210137
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERDION, KAREN L**
*Provider ID:* 84323
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-2366
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: NM1061
*NPI:* 1518916857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TIMPE, BETH K**
*Provider ID:* 84924
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6790
*Fax:*
*After Hours Phone:* (619) 543-6790
*Provider Gender:* Female
*License number*: NM1598
*NPI:* 1336209428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VU, ERICA T**
*Provider ID:* 84942
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2366
*Fax:* (619) 543-2366
*After Hours Phone:* (619) 543-2366
*Provider Gender:* Female
*License number*: NP18891
*NPI:* 1578890737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VU, ERICA T**
*Provider ID:* 84942
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 543-2366
*Fax:* (619) 543-2366
*After Hours Phone:* (619) 543-2366
*Provider Gender:* Female
*License number*: NM1848
*NPI:* 1578890737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## CHIROPRACTOR

**BUI, MAI T**
*Provider ID:* 125052
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5354 UNIVERSITY AVE # 3
SAN DIEGO, CA 92105-2204
*Phone:* (619) 692-3211
*Fax:* (619) 640-3211
*After Hours Phone:* (619) 692-3211
*Provider Gender:* Female
*License number*: DC31634
*NPI:* 1780901264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BUI, MAI T**
*Provider ID:* 289496
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
10717 CAMINO RUIZ STE 137
SAN DIEGO, CA 92126-2362
*Phone:* (619) 692-3211
*Fax:* (619) 640-3211
*After Hours Phone:* (619) 692-3211
*Provider Gender:* Female
*License number*: DC31634
*NPI:* 1780901264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,W 9AM-6PM, TU,TH,SA 9AM-5PM, F 9AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**LUU, DANIEL Q**
*Provider ID:* 269883
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4419 EUCLID AVE STE 105
SAN DIEGO, CA 92115-4564
*Phone:* (619) 287-1235
*Fax:* (619) 566-3553
*After Hours Phone:* (619) 287-1235
*Provider Gender:* Male
*License number*: DC26096
*NPI:* 1225108269
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,W,F 10AM-6PM, TU,TH,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROJAS, RICHARD J**
*Provider ID:* 109528
*Board Certified Specialty:* No
FAMILY HLTH CTR SD HILLCREST
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Provider Gender:* Male
*License number*: DC31024
*NPI:* 1538318811

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest
*IPA:*

## DERMATOLOGY

**BOEN, MONICA**
*Provider ID:* 129041
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
9339 GENESEE AVE # 350A
SAN DIEGO, CA 92121-2119
*Phone:* (858) 454-4300
*Fax:*
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: A149554
*NPI:* 1508203563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Polish, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BOEN, MONICA, MD**
*Provider ID:* 269740
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: A149554
*NPI:* 1508203563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Polish, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BOEN, MONICA, MD**
*Provider ID:* 269741
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: A149554
*NPI:* 1508203563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Polish, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BROUHA, BROOK L**
*Provider ID:* 115451
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
9339 GENESEE AVE # 350A
SAN DIEGO, CA 92121-2119
*Phone:* (858) 263-0571
*Fax:*
*After Hours Phone:* (858) 263-0571
*Provider Gender:* Male
*License number*: A97902
*NPI:* 1114173937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BROUHA, BROOK L , MD**
*Provider ID:* 267943
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Male
*License number*: A97902
*NPI:* 1114173937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CALAME, ANTOANELLA**
*Provider ID:* 109337
*Board Certified Specialty:* No
COMPASS DERMATOPATHOLOGY INC
6605 NANCY RIDGE DR
SAN DIEGO, CA 92121-2253
*Phone:* (858) 750-2983
*Fax:*
*After Hours Phone:* (858) 750-2983
*Provider Gender:* Female
*License number*: A84455
*NPI:* 1285817569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Romanian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DINARDO, ANNA**
*Provider ID:* 83359
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: A104854
*NPI:* 1992873673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOHIL, MAGDALENE A**
*Provider ID:* 242290
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A86265
*NPI:* 1528139383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOHIL, MAGDALENE A**
*Provider ID:* 277244
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A86265
*NPI:* 1528139383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DORSCHNER, ROBERT A**
*Provider ID:* 116640
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A128567
*NPI:* 1306103924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DORSCHNER, ROBERT A**
*Provider ID:* 272945
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A128567
*NPI:* 1306103924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EICHENFIELD, DAWN Z**
*Provider ID:* 283142
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A150792
*NPI:* 1295198091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**EICHENFIELD, LAWRENCE F**
*Provider ID:* 242242
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: G69132
*NPI:* 1477624138
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EICHENFIELD, LAWRENCE F**
*Provider ID:* 51947
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8010 FROST ST STE 602
SAN DIEGO, CA 92123-4204
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: G69132
*NPI:* 1477624138
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ELSENSOHN, ASHLEY N**
*Provider ID:* 272777
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A148423
*NPI:* 1467847905
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FABRIKANT, JORDAN S**
*Provider ID:* 262275
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: 20A13142
*NPI:* 1649585753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Imperial Health Holdings Medical Group-Sd

**GERSTENFELD, ERIC S**
*Provider ID:* 26531
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:*
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: G70325
*NPI:* 1114979754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**GRAY, JAYLA B**
*Provider ID:* 279378
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130-6657
*Phone:* (858) 369-7546
*Fax:* (760) 738-7616
*After Hours Phone:* (858) 369-7546
*Provider Gender:* Female
*License number*: A169832
*NPI:* 1053706911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8:30AM-5PM, TU-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HAMMAN, MICHAEL S**
*Provider ID:* 115453
*Board Certified Specialty:* Yes
WEST DERMATOLOGY AND SURG MED GRP
9339 GENESEE AVE # 350A
SAN DIEGO, CA 92121-2119
*Phone:* (858) 454-4300
*Fax:*
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Male
*License number*: A97551
*NPI:* 1538346911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HAMMAN, MICHAEL S , MD**
*Provider ID:* 241043
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: A97551
*NPI:* 1538346911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HAMMAN, MICHAEL S , MD**
*Provider ID:* 241044
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150

*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Male
*License number*: A97551
*NPI:* 1538346911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEMPERLY, STEPHEN E**
*Provider ID:* 115398
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:*
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: 20A14658
*NPI:* 1013277045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEMPERLY, STEPHEN E**
*Provider ID:* 243726
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: 20A14658
*NPI:* 1013277045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HIGHTOWER, GEORGE K**
*Provider ID:* 245756
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: A156244
*NPI:* 1881014652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HIGHTOWER, GEORGE K**
*Provider ID:* 285643
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A156244
*NPI:* 1881014652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**JIANG, SHANG I**
*Provider ID:* 83638
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:* (858) 657-1291
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A87333
*NPI:* 1801835996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KANNAN, SWATI V**
*Provider ID:* 286287
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A137129
*NPI:* 1508155227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KASSAB, GHADA K , MD**
*Provider ID:* 245638
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3737 MORAGA AVE STE A206
SAN DIEGO, CA 92117-5493
*Phone:* (858) 273-2726
*Fax:* (858) 273-2725
*After Hours Phone:* (858) 273-2726
*Provider Gender:* Female
*License number*: A114457
*NPI:* 1023278504
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 7AM-7PM, TH 7AM-5PM, F 9AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KAUNITZ, GENEVIEVE J**
*Provider ID:* 285011
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172778
*NPI:* 1053734905
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOZMA, BONITA D**
*Provider ID:* 269301
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A137074
*NPI:* 1659654598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Providence Saint Johns Health Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEVIN, JACQUELINE M**
*Provider ID:* 102457
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: 20A12190
*NPI:* 1164653093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LEVIN, JACQUELINE M**
*Provider ID:* 242685
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: 20A12190
*NPI:* 1164653093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAHM, WALTER K , MD**
*Provider ID:* 69317
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
7695 CARDINAL CT STE 200
SAN DIEGO, CA 92123-3357
*Phone:* (858) 278-8835
*Fax:* (858) 386-4776
*After Hours Phone:* (858) 278-8835
*Provider Gender:* Male
*License number*: A78569
*NPI:* 1467447284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ORME, CHARISSE**
*Provider ID:* 110331
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: A141036
*NPI:* 1861767097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ORTIZ, ARISA E**
*Provider ID:* 84317
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Female
*License number*: A101163
*NPI:* 1659556165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REED, KELLY L**
*Provider ID:* 242598
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: 20A15550
*NPI:* 1053666370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REED, KELLY L**
*Provider ID:* 242599
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 484-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: 20A15550
*NPI:* 1053666370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHAIRER, DAVID O**
*Provider ID:* 242313
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: A148597
*NPI:* 1619311164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHAIRER, DAVID O**
*Provider ID:* 264683
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: A148597
*NPI:* 1619311164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHNEIDER, JEREMY A**
*Provider ID:* 110359
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A124232
*NPI:* 1265762520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAHAN, FRED F , MD**
*Provider ID:* 65605
*Board Certified Specialty:* No
SAN DIEGO DERMATOLOGY AND COSMETIC SURGERY
6367 ALVARADO CT STE 107
SAN DIEGO, CA 92120-4914
*Phone:* (619) 287-1882
*Fax:* (619) 287-4121
*After Hours Phone:* (619) 287-1882
*Provider Gender:* Male
*License number*: G83901
*NPI:* 1811913221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIELL, RONALD D , MD**
*Provider ID:* 242596
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 289-9809
*Fax:* (619) 289-9823
*After Hours Phone:* (619) 289-9809

*Provider Gender:* Male
*License number*: G70359
*NPI:* 1285687384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHIELL, RONALD D**
*Provider ID:* 41094
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 289-9809
*Fax:* (619) 289-9823
*After Hours Phone:* (619) 289-9809
*Provider Gender:* Male
*License number*: G70359
*NPI:* 1285687384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHI, VERONICA J**
*Provider ID:* 271713
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A152990
*NPI:* 1366897464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHI, VERONICA J**
*Provider ID:* 286335
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A152990
*NPI:* 1366897464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIMZAR, SOHEIL, MD**
*Provider ID:* 242621
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: A97769
*NPI:* 1780881797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Olive View Ucla Medical Center, Los

Angeles County Harbor Ucla Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SIMZAR, SOHEIL**
*Provider ID:* 98869
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: A97769
*NPI:* 1780881797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Olive View Ucla Medical Center, Los Angeles County Harbor Ucla Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SINGH, GAURAV**
*Provider ID:* 272612
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A168460
*NPI:* 1184073801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SOHN, GRACE K**
*Provider ID:* 218330
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144607
*NPI:* 1023405727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* John Muir Medical Center Concord Campus, John Muir Medical Center Walnut Creek Campus
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SPRAGUE, JESSICA M**
*Provider ID:* 127460
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8010 FROST ST STE 602
SAN DIEGO, CA 92123-4204
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**
*Provider ID:* 242318
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A134345
*NPI:* 1437594884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STEIN, ALEXANDER D , MD**
*Provider ID:* 268621
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6280 JACKSON DR STE 8
SAN DIEGO, CA 92119-3436
*Phone:* (619) 303-3062
*Fax:* (760) 687-2825
*After Hours Phone:* (619) 303-3062
*Provider Gender:* Male
*License number*: A106295
*NPI:* 1760431654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Romanian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SUN, BRYAN K**
*Provider ID:* 109550
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 350
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-8322
*Fax:*
*After Hours Phone:* (858) 657-8322
*Provider Gender:* Male
*License number*: A109152
*NPI:* 1275787673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TOMPKINS, STACY D**
*Provider ID:* 115608
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
9339 GENESEE AVE # 350A
SAN DIEGO, CA 92121-2119
*Phone:* (858) 454-4300
*Fax:*
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: A52958
*NPI:* 1255418265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOMPKINS, STACY D , MD**
*Provider ID:* 246364
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350A
SAN DIEGO, CA 92121-2103
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: A52958
*NPI:* 1255418265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOM, WYNNIS L**
*Provider ID:* 242311
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A99290
*NPI:* 1922215045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOM, WYNNIS L**
*Provider ID:* 64659
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 966-7479
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A99290
*NPI:* 1922215045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOM, WYNNIS L**
*Provider ID:* 84925
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 230
SAN DIEGO, CA 92122-1010
*Phone:* (858) 657-7726
*Fax:*
*After Hours Phone:* (858) 657-7726
*Provider Gender:* Female
*License number*: A99290
*NPI:* 1922215045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TSE, YARDY**
*Provider ID:* 280330
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4765 CARMEL MOUNTAIN RD STE 201
SAN DIEGO, CA 92130-6657
*Phone:* (858) 369-7546
*Fax:* (858) 369-7547
*After Hours Phone:* (858) 369-7546
*Provider Gender:* Female
*License number*: G82156
*NPI:* 1881608321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ZALESKI LARSEN, LISA A**
*Provider ID:* 109712
*Board Certified Specialty:* No
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: 20A13774
*NPI:* 1336296912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* westdermatology.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ZALESKI LARSEN, LISA A , MD**
*Provider ID:* 242549
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: 20A13774
*NPI:* 1336296912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## DEVELOPMENTAL BEHAVIORAL PEDIATRICS

**GIST, LAUREN**
*Provider ID:* 214805
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 360
SAN DIEGO, CA 92123-2776
*Phone:* (858) 246-0794
*Fax:*
*After Hours Phone:* (858) 246-0794
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GIST, LAUREN**
*Provider ID:* 214806
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11752 EL CAMINO REAL # 2100
SAN DIEGO, CA 92130-2050
*Phone:* (858) 793-9591
*Fax:*
*After Hours Phone:* (858) 793-9591
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GIST, LAUREN**
*Provider ID:* 246932
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GIST, LAUREN**
*Provider ID:* 246933
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11752 EL CAMINO REAL # 100
SAN DIEGO, CA 92130-2050
*Phone:* (858) 793-9591
*Fax:* (858) 793-1153
*After Hours Phone:* (858) 793-9591
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GIST, LAUREN**
*Provider ID:* 246934
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 410
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5990
*Fax:* (858) 966-7508
*After Hours Phone:* (858) 966-5990
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**RHODUS, CECILIA M**
*Provider ID:* 284951
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7910 FROST ST STE 230
SAN DIEGO, CA 92123-2776
*Phone:* (858) 246-0053
*Fax:* (858) 496-9257
*After Hours Phone:* (858) 246-0053
*Provider Gender:* Female
*License number*: A137260
*NPI:* 1699161059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Northern Inyo Hosp, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## EMERGENCY MEDICINE

**AMANN, CHRISTOPHER J**
*Provider ID:* 270913
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C132360
*NPI:* 1134326895
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARRY, JEFFREY R**
*Provider ID:* 271129
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149215
*NPI:* 1801207006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARRY, JEFFREY R**
*Provider ID:* 271130
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149215
*NPI:* 1801207006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**BARRY, JEFFREY R**
*Provider ID:* 271132
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149215
*NPI:* 1801207006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELLINGHAUSEN, AMY**
*Provider ID:* 270333
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143164
*NPI:* 1801206354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELLINGHAUSEN, AMY**
*Provider ID:* 270334
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143164
*NPI:* 1801206354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELLINGHAUSEN, AMY**
*Provider ID:* 270336
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143164
*NPI:* 1801206354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELLOMO, THOMAS N**
*Provider ID:* 205601
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Male
*License number*: G69193
*NPI:* 1700926698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOW, BYRON C**
*Provider ID:* 206094
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A78116
*NPI:* 1619907607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOW, BYRON C**
*Provider ID:* 206095
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Male
*License number*: A78116
*NPI:* 1619907607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEVERA, GEMMIE S**
*Provider ID:* 288572
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A161466
*NPI:* 1366622078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANTHARIA, TINA H**
*Provider ID:* 206412
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3030 CHILDRENS WAY STE 402
SAN DIEGO, CA 92123-4228
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KEARNEY, LAUREN K**
*Provider ID:* 206219
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: G83666
*NPI:* 1740296268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KEARNEY, LAUREN K**
*Provider ID:* 206221
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: G83666
*NPI:* 1740296268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LI, JINGHONG**
*Provider ID:* 255939
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LOVEJOY, AMY E**
*Provider ID:* 206107
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A75176
*NPI:* 1790856557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MINKA, GENEVIEVE M**
*Provider ID:* 205336
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A77841
*NPI:* 1689646689
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MISHRA-OCCHINO, SEEMA S**
*Provider ID:* 205404
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A100307
*NPI:* 1689612830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, MARGARET B**
*Provider ID:* 270705
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A131847
*NPI:* 1942485248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PADDOCK, DIANA L**
*Provider ID:* 267967
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA52175
*NPI:* 1447657804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARIKH, PAYAL**
*Provider ID:* 205870
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: 20A10898
*NPI:* 1871757989
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARIKH, PAYAL**
*Provider ID:* 205871
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: 20A10898
*NPI:* 1871757989
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, SHERINE B**
*Provider ID:* 205784
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: G81658
*NPI:* 1477626513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RILEY-HAGAN, MARGARET**
*Provider ID:* 205988

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A49609
*NPI:* 1548352388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RILEY-HAGAN, MARGARET**
*Provider ID:* 205989
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A49609
*NPI:* 1548352388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSE, OLGA D**
*Provider ID:* 205952
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A143536
*NPI:* 1740560044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSE, OLGA D**
*Provider ID:* 205954
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A143536
*NPI:* 1740560044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SIEW, RUTH**
*Provider ID:* 244692
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A132946
*NPI:* 1255674479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAIDYA, KAMALA**
*Provider ID:* 205809
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## ENDOCRINOLOGY METABOLISM DIABETES

**BOEDER, SCHAFER C**
*Provider ID:* 117049
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Male
*License number*: A129134
*NPI:* 1477808285
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOEDER, SCHAFER C**
*Provider ID:* 255611
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A129134
*NPI:* 1477808285
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHUNG, JOYCE**
*Provider ID:* 64551
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST # 1A
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Female
*License number*: A50122
*NPI:* 1477561504
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHU, NEELIMA V**
*Provider ID:* 64550
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST # 1A
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Female
*License number*: A65536
*NPI:* 1154407443
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEMETERCO BERGGREN, CARLA**
*Provider ID:* 121812
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A98629
*NPI:* 1619130655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EKANAYAKE, PREETHIKA S**
*Provider ID:* 284812
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A126503
*NPI:* 1083922462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sinhala, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EKANAYAKE, PREETHIKA S**
*Provider ID:* 284813
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A126503
*NPI:* 1083922462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sinhala, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FEIGENBAUM, ANNETTE S**
*Provider ID:* 104983
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: C54803
*NPI:* 1902187859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOTTESMAN BOWEN, BETHANY L**
*Provider ID:* 285961
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A156739
*NPI:* 1164849899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUERIN, CHRIS K**
*Provider ID:* 284646
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G47081
*NPI:* 1275648875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARRIS, SAMANTHA R**
*Provider ID:* 122893
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A120043
*NPI:* 1720305436
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**JUANG, PATRICIA S**
*Provider ID:* 255605
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (858) 657-7298
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A110217
*NPI:* 1265695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JUANG, PATRICIA S**
*Provider ID:* 83642
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-1636
*Fax:* (858) 657-7298
*After Hours Phone:* (858) 657-1636
*Provider Gender:* Female
*License number*: A110217
*NPI:* 1265695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KULASA, KRISTEN M**
*Provider ID:* 255622
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (619) 543-6500
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A96293
*NPI:* 1932324175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KULASA, KRISTEN M**
*Provider ID:* 64591
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST # 1A
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Female
*License number*: A96293
*NPI:* 1932324175
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEVINE, MATTHEW J**
*Provider ID:* 64600
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 764-3360
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A77126
*NPI:* 1801994231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARX, CHRISTOPHER W**
*Provider ID:* 25723
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: G58195
*NPI:* 1811958929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**MCCALLUM, JAMES D**
*Provider ID:* 25724
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A55708
*NPI:* 1609838994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**MCCALLUM, JAMES D**
*Provider ID:* 64610
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A55708
*NPI:* 1609838994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady

Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAGELBERG, JODI B**
*Provider ID:* 287779
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NAGELBERG, JODI B**
*Provider ID:* 287780
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NAGELBERG, JODI B**
*Provider ID:* 287781
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NAGELBERG, JODI B**
*Provider ID:* 287782
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146838
*NPI:* 1720474141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NYHAN, WILLIAM L**
*Provider ID:* 205654
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5840
*Fax:* (858) 966-7942
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Male
*License number*: C30911
*NPI:* 1710041462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PHILIS-TSIMIKAS, ATHENA**
*Provider ID:* 109606
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A50477
*NPI:* 1922105964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Greek
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:* Ihp Of Southern California

**RIVERA-VEGA, MICHELLE Y**
*Provider ID:* 259111
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: C167414
*NPI:* 1992992432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANTOS CAVAIOLA, TRICIA**
*Provider ID:* 256091
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (858) 657-7298
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A108282
*NPI:* 1518163799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TANTISIRA, LALITA K**
*Provider ID:* 286323
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C170095
*NPI:* 1508874298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YU, JOSEPH J**
*Provider ID:* 64668
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:* (619) 543-7352
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Male
*License number*: A56057
*NPI:* 1669464103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## FAMILY PRACTICE GERIATRIC MEDICINE

**MILLER, SCOTT B , MD**
*Provider ID:* 271539
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9878 CARMEL MOUNTAIN RD STE B
SAN DIEGO, CA 92129-2893
*Phone:* (858) 312-1440
*Fax:* (760) 788-7983
*After Hours Phone:* (858) 312-1440
*Provider Gender:* Male
*License number*: G129295
*NPI:* 1104845536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## FAMILY PRACTICE SPORTS MEDICINE

**ACHAR, SURAJ A**
*Provider ID:* 255632
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: G80093
*NPI:* 1235167321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KAUFMAN, ELIZABETH A**
*Provider ID:* 285905
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female

*License number*: A135037
*NPI:* 1942644679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPRING, JASON E**
*Provider ID:* 271551
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD
SAN DIEGO, CA 92127-3445
*Phone:* (858) 924-1900
*Fax:* (858) 924-1949
*After Hours Phone:* (858) 924-1900
*Provider Gender:* Male
*License number*: 20A9497
*NPI:* 1114011459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## FAMILY PRACTICE

**ACHAR, SURAJ A**
*Provider ID:* 65095
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G80093
*NPI:* 1235167321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ARRIETA, NOEMI J**
*Provider ID:* 109765
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: 20A11153
*NPI:* 1912223496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**BOWER, KIMBERLY A**
*Provider ID:* 80008
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8022
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-8022
*Provider Gender:* Female
*License number*: A83280
*NPI:* 1114005741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRODSKY, MARK E**
*Provider ID:* 109475
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Male
*License number*: C53623
*NPI:* 1346337904
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**BROWNELL, KRISTIN J**
*Provider ID:* 65875
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:* (619) 795-2756
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A80154
*NPI:* 1134232259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**BROWN, BRANDON S**
*Provider ID:* 127602
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A148499
*NPI:* 1013399559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**BUCKHOLZ, GARY T**
*Provider ID:* 83248
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 822-6227
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A82836
*NPI:* 1174601702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CARSON, COREY M**
*Provider ID:* 109587
*Board Certified Specialty:* No
FAMILY HLTH CTR SD HILLCREST
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest
*IPA:*

**CARSON, COREY M**
*Provider ID:* 110217
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**CARSON, COREY M**
*Provider ID:* 110221
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A136616
*NPI:* 1245599778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**CHENG, TERRI L**
*Provider ID:* 269914
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2017 1ST AVE STE 100
SAN DIEGO, CA 92101-9001
*Phone:* (619) 881-4516
*Fax:*
*After Hours Phone:* (619) 881-4516
*Provider Gender:* Female
*License number*: A151346
*NPI:* 1942644976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHEN, ALICE I**

*Provider ID:* 207163
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16077
*NPI:* 1265810337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHEN, ALICE I**
*Provider ID:* 207164
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16077
*NPI:* 1265810337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHEN, ALICE I**
*Provider ID:* 207167
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16077
*NPI:* 1265810337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CORMAN, DANIEL M**
*Provider ID:* 114951
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**CORMAN, DANIEL M**
*Provider ID:* 128274
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Male
*License number*: 20A13060
*NPI:* 1629339593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**COULSON, LAURA E**
*Provider ID:* 108550
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A76301
*NPI:* 1447308424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**EDMONDS, KYLE P**
*Provider ID:* 83397
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 822-6227
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A121683
*NPI:* 1003044728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GREEN, BRENDA**
*Provider ID:* 109906
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A134406
*NPI:* 1508125410
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**GRIFFITHS, KENNETH J**
*Provider ID:* 106937
*Board Certified Specialty:* No
FAMILY HLTH CTR SD HILLCREST
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Provider Gender:* Male
*License number*: C52451
*NPI:* 1760563068
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest
*IPA:*

**HALBEISEN, ANNA M**
*Provider ID:* 128973
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALBEISEN, ANNA M**
*Provider ID:* 128974
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALBEISEN, ANNA M**
*Provider ID:* 201238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALBEISEN, ANNA M**
*Provider ID:* 201239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALBEISEN, ANNA M**
*Provider ID:* 201240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HALBEISEN, ANNA M**
*Provider ID:* 201241
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 1
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A12902
*NPI:* 1801044862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAMILTON, LISA MARIE S**
*Provider ID:* 110638
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: 20A14772
*NPI:* 1235576059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**HAMILTON, LISA MARIE S**
*Provider ID:* 110642
*Board Certified Specialty:* No
FAMILY HEALTH CTR SAN DIEGO-OAK PARK
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Provider Gender:* Female
*License number*: 20A14772
*NPI:* 1235576059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Health

Ctr San Diego-Oak Park
*IPA:*

**JOHNSON, DANIEL W**
*Provider ID:* 290924
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Male
*License number*: 20A9393
*NPI:* 1245311216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KAUFMAN, JENNIFER CHILYN L**
*Provider ID:* 120073
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: G149974
*NPI:* 1407818768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**KAUFMAN, JENNIFER CHILYN L**
*Provider ID:* 120074
*Board Certified Specialty:* No
FAMILY HEALTH CTR IBARRA
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2426
*Fax:*
*After Hours Phone:* (619) 515-2426
*Provider Gender:* Female
*License number*: G149974
*NPI:* 1407818768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Health Ctr Ibarra
*IPA:*

**KEFLEZIGHI, BAHGHI R**
*Provider ID:* 80429
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:* (619) 263-2499
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A100391
*NPI:* 1124210844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond

Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**KUROSAKA, MOMO C**
*Provider ID:* 291447
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A62689
*NPI:* 1205848363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KUROSAKA, MOMO C**
*Provider ID:* 291448
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A62689
*NPI:* 1205848363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LARA, LESLEY**
*Provider ID:* 291532
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Female
*License number*: A173435
*NPI:* 1184112682
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 14/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LINDEMAN, KURTIS P**
*Provider ID:* 64347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: A104052
*NPI:* 1124155791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LU, JULIE P**
*Provider ID:* 127485
*Board Certified Specialty:* No
FAMILY HEALTH CTR SAN DIEGO-OAK PARK
5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
*Phone:* (619) 515-2454
*Fax:*
*After Hours Phone:* (619) 515-2454
*Provider Gender:* Female
*License number*: 20A14804

*NPI:* 1619210614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Health Ctr San Diego-Oak Park
*IPA:*

**LYNCH, SHAUNA M**
*Provider ID:* 269894
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1075 CAMINO DEL RIO S
SAN DIEGO, CA 92108-3538
*Phone:* (805) 739-8450
*Fax:*
*After Hours Phone:* (805) 739-8450
*Provider Gender:* Female
*License number*: 20A11056
*NPI:* 1356551220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NOVOTNY, RICHARD W**
*Provider ID:* 110220
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: A143811
*NPI:* 1588002877
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NUQUI, JOSIE C**
*Provider ID:* 129962
*Board Certified Specialty:* No
OPERATION SAMAHAN - MIRA MESA
9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: A71544
*NPI:* 1184773673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8:30AM-5PM
*Website:*
www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - Mira Mesa
*IPA:*

**ROSENBLUM, ELIZABETH**
*Provider ID:* 64380
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Female
*License number*: C52654
*NPI:* 1669497939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:*

**SANNIDHI, DEEPA V**
*Provider ID:* 117559
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A136286
*NPI:* 1083007397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAHTAJI, ALAN P**
*Provider ID:* 69095
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (858) 657-8600
*Fax:*
*After Hours Phone:* (858) 657-8600
*Provider Gender:* Male
*License number*: 20A11087
*NPI:* 1972751089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAHTAJI, ALAN P**
*Provider ID:* 84780
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (858) 657-7750
*Fax:*
*After Hours Phone:* (858) 657-7750
*Provider Gender:* Male
*License number*: 20A11087
*NPI:* 1972751089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMOOT, CHARLES B**
*Provider ID:* 39265
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A97036
*NPI:* 1245490358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**SOPHY, ELIZABETH G**
*Provider ID:* 291225
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

*Phone:* (619) 233-8500
*Fax:* (861) 687-1067
*After Hours Phone:* (619) 233-8500
*Provider Gender:* Female
*License number*: A157547
*NPI:* 1013441203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SUMMERS-DAY, COURTNEY A**
*Provider ID:* 290976
*Board Certified Specialty:* Yes
IHP OF SOUTHERN CALIFORNIA
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Provider Gender:* Female
*License number*: A112781
*NPI:* 1124288873
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**TAYLOR, KENNETH S**
*Provider ID:* 65106
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A55037
*NPI:* 1265458269
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**THOMAS, ZACHARY S**
*Provider ID:* 123029
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: A145023
*NPI:* 1326453119
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**TRAN, UYEN THAO P**
*Provider ID:* 25643
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:* (619) 795-2756
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A76709
*NPI:* 1891720355

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**TRAN, UYEN THAO P**
*Provider ID:* 65771
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A76709
*NPI:* 1891720355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**YEUNG, HEIDI N**
*Provider ID:* 84253
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A103222
*NPI:* 1316125198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

**LUKACZ, EMILY S**
*Provider ID:* 256955
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LUKACZ, EMILY S**
*Provider ID:* 256956
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121-3020
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## GASTROENTEROLOGY

**AJMERA, VEERAL H**
*Provider ID:* 116559
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A124545
*NPI:* 1932429842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANAND, GOBIND S**
*Provider ID:* 272837
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2347
*Fax:* (858) 657-7259
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A120739
*NPI:* 1861626814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BAUMAN, LAURA E**
*Provider ID:* 260041
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A157981
*NPI:* 1255697850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BORTNIKER, ETHAN I**
*Provider ID:* 238774
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155188
*NPI:* 1396905576
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOI, LILLIAN J**
*Provider ID:* 206042
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A90646
*NPI:* 1831350453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COPUR DAHI, NEDRET**
*Provider ID:* 63862
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-7731
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A99701
*NPI:* 1932290145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CUBAS, IVAN P**
*Provider ID:* 262292
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: C55825
*NPI:* 1447464912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CUBAS, IVAN P**
*Provider ID:* 88139
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: C55825
*NPI:* 1447464912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W

*Hours:* M-SA 9AM-5PM
*Website:* www.3dcinc.com
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**DAVE, SHRAVAN S**
*Provider ID:* 270450
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A139385
*NPI:* 1588081814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DESTA, TADDESE T**
*Provider ID:* 26477
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A49164
*NPI:* 1346326246
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-TH 9AM-5PM, F 9AM-3:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**DESTA, TADDESE T**
*Provider ID:* 26477
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6006
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A49164
*NPI:* 1346326246
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Amharic, Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.3dcinc.com
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**DEVER, JOHN B**
*Provider ID:* 110435
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A114858
*NPI:* 1093918724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARCIA, MARY ABIGAIL S**
*Provider ID:* 205694
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A89980
*NPI:* 1386805877
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HASSANEIN, TAREK I , MD**
*Provider ID:* 269557
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
995 GATEWAY CENTER WAY STE 105
SAN DIEGO, CA 92102-4544
*Phone:* (619) 264-1934
*Fax:* (619) 264-1937
*After Hours Phone:* (619) 264-1934
*Provider Gender:* Male
*License number*: A54452
*NPI:* 1801854450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEMPERLY, AMY V**
*Provider ID:* 244166
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: 20A14741
*NPI:* 1881960888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HEMPERLY, AMY V**
*Provider ID:* 259013
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: 20A14741
*NPI:* 1881960888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HILDRETH, AMBER N**
*Provider ID:* 280464
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: 20A14177
*NPI:* 1548521511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOM, XENIA B**
*Provider ID:* 206024
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: G86642
*NPI:* 1982775748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese (Family), Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUANG, JEANNIE S**
*Provider ID:* 205939
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-1700
*Provider Gender:* Female
*License number*: A61762
*NPI:* 1013088871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KALMAZ, DENISE**
*Provider ID:* 63987
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2347
*Fax:* (619) 543-7731
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Female
*License number*: A87252
*NPI:* 1275700973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLAPHEKE, ROBERT W**
*Provider ID:* 283346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154916
*NPI:* 1891113288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KONO, YUKO**
*Provider ID:* 64589
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A111039
*NPI:* 1982628665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KONO, YUKO**
*Provider ID:* 83663
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:* (619) 471-9473
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A111039
*NPI:* 1982628665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KONO, YUKO**
*Provider ID:* 83664
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A111039
*NPI:* 1982628665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**KUMAR, SOMA**
*Provider ID:* 205377
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A140223
*NPI:* 1356502520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MENDLER, MICHEL H**
*Provider ID:* 210291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 2
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A78316
*NPI:* 1134232051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MENDLER, MICHEL H**
*Provider ID:* 210293
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A78316
*NPI:* 1134232051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MENDLER, MICHEL H**
*Provider ID:* 64079
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (909) 558-6415
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A78316
*NPI:* 1134232051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PATEL, DEREK R**
*Provider ID:* 64130

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2347
*Fax:*
*After Hours Phone:* (619) 543-2347
*Provider Gender:* Male
*License number*: A69111
*NPI:* 1073538385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATTON, HEATHER M**
*Provider ID:* 64627
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: A75284
*NPI:* 1396796124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POLK, DAVID B**
*Provider ID:* 275449
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (760) 294-9260
*Fax:* (760) 294-9274
*After Hours Phone:* (760) 294-9260
*Provider Gender:* Male
*License number*: A43654
*NPI:* 1427140839
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**REDDY, ANANTHRAM P**
*Provider ID:* 34354
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 299-1005
*Fax:* (619) 326-0380
*After Hours Phone:* (619) 299-1005
*Provider Gender:* Male
*License number*: C52423
*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, ANANTHRAM P , MD**
*Provider ID:* 34354
*Board Certified Specialty:* Yes
SUMANA AND ANANTHRAM REDDY MD INC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: C52423

*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, ANANTHRAM P**
*Provider ID:* 34354
*Board Certified Specialty:* Yes
SUMANA AND ANANTHRAM REDDY MD INC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: C52423
*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, JOSEPH B**
*Provider ID:* 27748
*Board Certified Specialty:* No
ADVANCED ENDOSCOPY CONSULTANTS INC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: A46472
*NPI:* 1245215391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**REDDY, JOSEPH B**
*Provider ID:* 27748
*Board Certified Specialty:* Yes
ADVANCED ENDOSCOPY CONSULTANTS INC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 270-5665
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 270-5665
*Provider Gender:* Male
*License number*: A46472
*NPI:* 1245215391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SCHAEFFER, CYNTHIA L**
*Provider ID:* 26694
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Female
*License number*: A91771
*NPI:* 1740352293
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.3dcinc.com
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SCHAEFFER, CYNTHIA L**
*Provider ID:* 26694
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Female
*License number*: A91771
*NPI:* 1740352293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SHAH, SHAILJA C**
*Provider ID:* 283896
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A125800
*NPI:* 1073803243
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMAS, CARLTON W**
*Provider ID:* 125014
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:* (619) 266-6006
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A88112
*NPI:* 1205881398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**THOMAS, CARLTON W**
*Provider ID:* 54337
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
1855 1ST AVE STE 200B
SAN DIEGO, CA 92101-2650

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*Phone:* (619) 266-3332
*Fax:* (619) 266-6000
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A88112
*NPI:* 1205881398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**THOMAS, CARLTON W**
*Provider ID:* 66107
*Board Certified Specialty:* No
DIGESTIVE DISEASE ASSOCS INC
292 EUCLID AVE STE 115
SAN DIEGO, CA 92114-3629
*Phone:* (619) 266-3332
*Fax:*
*After Hours Phone:* (619) 266-3332
*Provider Gender:* Male
*License number*: A88112
*NPI:* 1205881398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:* www.3dcinc.com
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**WONG, GREGORY K**
*Provider ID:* 279598
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: A124939
*NPI:* 1386977288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hospital Of Orange County, Pomona Valley Hosp Med Ctr, Providence St Joseph Hospital, Fountain Valley Regional Hosp And Med Ctr, Childrens Hospital At Mission, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YANG, EDWARD**
*Provider ID:* 283165
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154057
*NPI:* 1437545654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## GENERAL PRACTICE

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**BORRERO, MARCOS**
*Provider ID:* 125077
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3490 PALM AVE
SAN DIEGO, CA 92154-1664
*Phone:* (619) 423-5616
*Fax:* (619) 423-5684
*After Hours Phone:* (619) 423-5616
*Provider Gender:* Male
*License number*: A38907
*NPI:* 1952312621
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## GENETICS CLINICAL BIOCHEMICAL

**LEVINE, FRED**
*Provider ID:* 206098
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5840
*Fax:* (858) 966-7942
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Male
*License number*: G65341
*NPI:* 1154493476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## GENETICS CLINICAL

**JONES, KENNETH L**
*Provider ID:* 276105
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7910 FROST ST STE 230
SAN DIEGO, CA 92123-2776
*Phone:* (858) 502-1100
*Fax:* (858) 505-9931
*After Hours Phone:* (858) 502-1100
*Provider Gender:* Male
*License number*: G29045
*NPI:* 1962550673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## GENETICS MEDICAL

**BARSHOP, BRUCE A**
*Provider ID:* 202349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
212 DICKINSON ST # CTFB213
SAN DIEGO, CA 92103-2071
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G58157
*NPI:* 1477624237
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BIRD, LYNNE M**
*Provider ID:* 206065
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A45464
*NPI:* 1487725230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BIRD, LYNNE M**
*Provider ID:* 257903
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-1700
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-1700
*Provider Gender:* Female
*License number*: A45464
*NPI:* 1487725230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BIRD, LYNNE M**
*Provider ID:* 52305
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A45464
*NPI:* 1487725230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEL CAMPO CASANELLES, MIGUEL**
*Provider ID:* 102437
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: F30
*NPI:* 1598141475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEL CAMPO CASANELLES, MIGUEL**
*Provider ID:* 206013
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: F30
*NPI:* 1598141475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JONES, MARILYN C**
*Provider ID:* 202348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**JONES, MARILYN C**
*Provider ID:* 206268
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**JONES, MARILYN C**
*Provider ID:* 243882
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5840
*Fax:* (858) 966-8550
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LEVINE, FRED**
*Provider ID:* 52504
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: G65341
*NPI:* 1154493476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDACH, REBECCA**
*Provider ID:* 241946
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5840
*Fax:*
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Female
*License number*: A45110
*NPI:* 1457330607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Uc Davis Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDACH, REBECCA**
*Provider ID:* 241947
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5840
*Fax:*
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Female
*License number*: A45110
*NPI:* 1457330607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Uc Davis Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIEMI, ANNA-KAISA**
*Provider ID:* 127720
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIEMI, ANNA-KAISA**
*Provider ID:* 127721
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:*
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WIGBY, KRISTEN M**
*Provider ID:* 206185
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A136240
*NPI:* 1487920724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## GYNECOLOGY

**WEBER, AKILAH F**
*Provider ID:* 206332
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: C56035
*NPI:* 1760652713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268689
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120-4914
*Phone:* (619) 583-7002
*Fax:* (619) 583-9404
*After Hours Phone:* (619) 583-7002
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ANDERSON, ELAINE M , MD**
*Provider ID:* 268691
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123-1224
*Phone:* (858) 278-9911
*Fax:* (858) 565-7324
*After Hours Phone:* (858) 278-9911
*Provider Gender:* Female
*License number*: HA7100
*NPI:* 1063558856
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**
*Provider ID:* 269781
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6367 ALVARADO CT
SAN DIEGO, CA 92120-4904
*Phone:* (619) 824-3138
*Fax:* (619) 583-9404
*After Hours Phone:* (619) 824-3138
*Provider Gender:* Male
*License number*: HA2056
*NPI:* 1497901680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, KELLE L , MD**
*Provider ID:* 268652
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120-4914
*Phone:* (619) 583-7002
*Fax:* (619) 583-9404
*After Hours Phone:* (619) 583-7002
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, KELLE L , MD**
*Provider ID:* 268653
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123-1224
*Phone:* (858) 278-9911
*Fax:* (858) 565-7324
*After Hours Phone:* (858) 278-9911
*Provider Gender:* Female
*License number*: HA6083
*NPI:* 1902853344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HEMATOLOGY / ONCOLOGY

**ARISTIZABAL, MARIA P**
*Provider ID:* 78395
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED

FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A127586
*NPI:* 1154662583
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BESSUDO, ALBERTO, MD**
*Provider ID:* 256962
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A50309
*NPI:* 1003888074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOTTA, GREGORY P**
*Provider ID:* 242347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140495
*NPI:* 1881006955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DING, HILDA H**
*Provider ID:* 109323
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A144295
*NPI:* 1780813923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EISENBERG, STEVEN G**
*Provider ID:* 242455
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: 20A8293
*NPI:* 1831162627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FLORES, EDNA I**
*Provider ID:* 115370
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:*
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A114373
*NPI:* 1396994604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRAKES, LAURIE A**
*Provider ID:* 68216
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:*
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A52663
*NPI:* 1174595144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GLOUDE, NICHOLAS J**
*Provider ID:* 117121
*Board Certified Specialty:* No
CHILDRENS HOSP SAN DIEGO CHADWICK CTR
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A119146
*NPI:* 1447527833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOODMAN, AARON M**
*Provider ID:* 216895
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A130400
*NPI:* 1851603559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAMON, JOEL M , MD**
*Provider ID:* 241036
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: G28164
*NPI:* 1699721035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAMON, JOEL M**
*Provider ID:* 68222
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:*
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: G28164
*NPI:* 1699721035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LEE, KAREN K**
*Provider ID:* 284165
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A154276
*NPI:* 1518352970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCKAY, RANA R**
*Provider ID:* 110729
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A145444
*NPI:* 1306013610
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAUL, MEGAN R**
*Provider ID:* 274499
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A141572
*NPI:* 1427495894
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VON DRYGALSKI, ANNETTE**
*Provider ID:* 101374
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 201
SAN DIEGO, CA 92122-1008
*Phone:* (858) 657-5947
*Fax:*
*After Hours Phone:* (858) 657-5947
*Provider Gender:* Female
*License number*: A100681
*NPI:* 1376607036
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VU, PETER**
*Provider ID:* 272716
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A149741
*NPI:* 1861810830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZHOU, JENNY Y**
*Provider ID:* 273188
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 310
SAN DIEGO, CA 92121-2103
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133845

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1598007924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HEPATOLOGY

**BARMAN, PRANAB M**
*Provider ID:* 241953
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 315
SAN DIEGO, CA 92121-3029
*Phone:* (800) 826-5273
*Fax:*
*After Hours Phone:* (800) 826-5273
*Provider Gender:* Male
*License number*: A162554
*NPI:* 1023301991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KUO, ALEXANDER**
*Provider ID:* 64592
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Male
*License number*: A86787
*NPI:* 1912032764
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHARPTON, SUZANNE**
*Provider ID:* 245666
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123642
*NPI:* 1891084257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHARPTON, SUZANNE**
*Provider ID:* 245668
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123642
*NPI:* 1891084257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HOSPICE AND PALLIATIVE MEDICINE

**BOWER, KIMBERLY A**
*Provider ID:* 260051
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8022
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-8022
*Provider Gender:* Female
*License number*: A83280
*NPI:* 1114005741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RUBENZIK, TAMARA T**
*Provider ID:* 125355
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUBENZIK, TAMARA T**
*Provider ID:* 245573
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUBENZIK, TAMARA T**
*Provider ID:* 276671
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHIFF, DEBORAH E**
*Provider ID:* 52321
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: G68457
*NPI:* 1922179779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## HOSPITALIST MD/DO

**CHILDERS, DIANA J**
*Provider ID:* 275068
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A86157
*NPI:* 1033128376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FIRESTEIN, CATHERINE E**
*Provider ID:* 275387
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A143013
*NPI:* 1427348382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAGGERTY, LAUREN E**
*Provider ID:* 291310
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A164175
*NPI:* 1871090993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAMMOND, CHARLES F**
*Provider ID:* 278588
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169655
*NPI:* 1033641816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCANLON, ASHLEY A**
*Provider ID:* 287138
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A165174
*NPI:* 1932605086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHINDO, YURI**
*Provider ID:* 284743
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A167796
*NPI:* 1700271939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SPILMAN, SAMANTHA L**
*Provider ID:* 272704
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A161231
*NPI:* 1134651607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INFECTIOUS DISEASE

**ALDOUS, JEANNETTE L**
*Provider ID:* 290420
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100
*Fax:* (619) 205-6384
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A101017
*NPI:* 1073650339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ARNOLD, JOHN C**
*Provider ID:* 260077
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (885) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (885) 966-7785
*Provider Gender:* Male
*License number*: A70189
*NPI:* 1023191053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Bakersfield Memorial Hosp, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ARONOFF SPENCER, ELIAH S**
*Provider ID:* 83195
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:* (619) 543-6614
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Male
*License number*: A104748
*NPI:* 1770737579
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ASLAM, SAIMA**
*Provider ID:* 64526
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A112604
*NPI:* 1477565257
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAMFORD, LAURA P**
*Provider ID:* 276546
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6382
*Fax:* (888) 539-8781
*After Hours Phone:* (619) 543-6382
*Provider Gender:* Female
*License number*: C169020
*NPI:* 1750435996
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BHARTI, AJAY R**
*Provider ID:* 64532
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:* (619) 543-7841
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Male
*License number*: A85085
*NPI:* 1902954910
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLANCHARD, JENNIFER N**
*Provider ID:* 64536
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:* (619) 543-7841
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Female
*License number*: A65285
*NPI:* 1972545077
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLUMENTHAL, JILL S**
*Provider ID:* 122503
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Female
*License number*: A117338
*NPI:* 1336308378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLUMENTHAL, JILL S**
*Provider ID:* 88097
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:* (619) 543-3511
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: A117338
*NPI:* 1336308378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**BURNS, JANE C**
*Provider ID:* 206071
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 246-0157
*Fax:* (858) 966-8527
*After Hours Phone:* (858) 246-0157
*Provider Gender:* Female
*License number*: G68119
*NPI:* 1619040953
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH-SA 9AM-5PM, W 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CACHAY, EDWARD R**
*Provider ID:* 64541
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (619) 543-7841
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A84561
*NPI:* 1336290071
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DAN, JENNIFER M**
*Provider ID:* 110016
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:*
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: A119193
*NPI:* 1225343601
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEISS, ROBERT G**
*Provider ID:* 258330
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: A111310
*NPI:* 1194977652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FARNAES, LAUGE**
*Provider ID:* 260385
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (885) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (885) 966-7785
*Provider Gender:* Male
*License number*: A124601
*NPI:* 1881988749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HORTON, LUCY E**
*Provider ID:* 240887
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A137391
*NPI:* 1427324821
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KATSIVAS, THEODOROS F , MD**
*Provider ID:* 269840
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3000
*Fax:*
*After Hours Phone:* (619) 543-3000
*Provider Gender:* Male
*License number*: A78543
*NPI:* 1679526164
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LATHER, TUYET T**
*Provider ID:* 245064
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Female
*License number*: 20A9180
*NPI:* 1467668053
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAW, NANCY**
*Provider ID:* 117545
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: 20A15618
*NPI:* 1225327349

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LETENDRE, SCOTT L**
*Provider ID:* 64599
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: A63591
*NPI:* 1588696660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEWINSKI, MARY K**
*Provider ID:* 114987
*Board Certified Specialty:* No
FAMILY HLTH CTR SD HILLCREST
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Provider Gender:* Female
*License number*: A109633
*NPI:* 1659535094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest
*IPA:*

**LITTLE, SUSAN J**
*Provider ID:* 64601
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:* (619) 298-0177
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: G70574
*NPI:* 1033134572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIU, GEORGE Y**
*Provider ID:* 208185
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2S
SAN DIEGO, CA 92123-4232
*Phone:* (885) 966-7785
*Fax:*
*After Hours Phone:* (885) 966-7785
*Provider Gender:* Male
*License number*: A70228
*NPI:* 1699727321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARTIN, THOMAS C**
*Provider ID:* 277225
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155619
*NPI:* 1093193583
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARTIN, THOMAS C**
*Provider ID:* 277226
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155619
*NPI:* 1093193583
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOODLEY, AMARAN**
*Provider ID:* 208558
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (885) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (885) 966-7785
*Provider Gender:* Male
*License number*: A108369
*NPI:* 1104023670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PROMER, KATHERINE E**
*Provider ID:* 258545
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131952
*NPI:* 1306280607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAJAGOPAL, AMUTHA V**

*Provider ID:* 221088
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135167
*NPI:* 1124465745
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAMCHANDAR, NANDA**
*Provider ID:* 285942
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: A154225
*NPI:* 1477998912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAWLINGS, STEPHEN A**
*Provider ID:* 284363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146123
*NPI:* 1861888984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAWLINGS, STEPHEN A**
*Provider ID:* 284364
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146123
*NPI:* 1861888984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**REED, SHARON L**
*Provider ID:* 64632
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6146
*Fax:*
*After Hours Phone:* (619) 543-6146
*Provider Gender:* Female
*License number*: G40122

*NPI:* 1710902044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RITTER, MICHELE L**
*Provider ID:* 64637
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A112536
*NPI:* 1225262975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SAWYER, MARK H**
*Provider ID:* 206240
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-7466
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: G46156
*NPI:* 1477624229
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOVAR PADUA, LEIDY J**
*Provider ID:* 205357
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Female
*License number*: A130894
*NPI:* 1033491311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles, Long Beach Memorial Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOVAR PADUA, LEIDY J**
*Provider ID:* 265093
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A130894
*NPI:* 1033491311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Childrens Hosp Of Los Angeles, Long Beach Memorial Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WAGNER, GABRIEL A**
*Provider ID:* 102090
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:* (619) 543-7841
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: A108967
*NPI:* 1992962245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE
## CRITICAL CARE MEDICINE

**BEGOVIC, ADNAN**
*Provider ID:* 210825
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A79574
*NPI:* 1093791014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEGOVIC, ADNAN**
*Provider ID:* 276290
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
555 WASHINGTON ST
SAN DIEGO, CA 92103-2289
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A79574
*NPI:* 1093791014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEGOVIC, ADNAN**
*Provider ID:* 276291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # 3-313
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A79574
*NPI:* 1093791014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOROK, ZEA**
*Provider ID:* 284704
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-5273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-5273
*Provider Gender:* Female
*License number*: A47911
*NPI:* 1750317251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOROK, ZEA**
*Provider ID:* 284705
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-5273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-5273
*Provider Gender:* Female
*License number*: A47911
*NPI:* 1750317251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOROK, ZEA**
*Provider ID:* 284706
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-5273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-5273
*Provider Gender:* Female
*License number*: A47911
*NPI:* 1750317251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ODISH, MAZEN F**
*Provider ID:* 271466
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A133179
*NPI:* 1992141428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ODISH, MAZEN F**
*Provider ID:* 271467
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A133179
*NPI:* 1992141428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ODISH, MAZEN F**
*Provider ID:* 271469
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A133179
*NPI:* 1992141428
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRAN, LINH N**
*Provider ID:* 271939
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A122603
*NPI:* 1851682728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INTERNAL MEDICINE
## GERIATRIC MEDICINE

**AGNIHOTRI, PARAG**
*Provider ID:* 247292
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C52218
*NPI:* 1447351085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BOULAND, DANIEL L**
*Provider ID:* 63814
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G50358
*NPI:* 1669498630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Riverside Community Hosp, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUTIERREZ, AIREEN L**
*Provider ID:* 247325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A77031
*NPI:* 1306857701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**YOURMAN, LINDSEY C**
*Provider ID:* 124823
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A122839
*NPI:* 1174813943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## INTERNAL MEDICINE

**ABDELMALEK, JOSEPH A**
*Provider ID:* 63765
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A107185
*NPI:* 1740485531
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ABELES, SHIRA R**
*Provider ID:* 83076
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A103260
*NPI:* 1720240625
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALASSIL, SALLY**
*Provider ID:* 124640
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A122238
*NPI:* 1982044483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**ALLY, MARYANN T**
*Provider ID:* 116564
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: C146011
*NPI:* 1316104359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AMIRREZVANI, ALI**
*Provider ID:* 63781
*Board Certified Specialty:* No
UCSD DEPARTMENT OF MED
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G88284
*NPI:* 1861485005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANTONUCCI, STEPHEN A**
*Provider ID:* 113895
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A143234
*NPI:* 1124331426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ARUTYUNOV, BORIS S**
*Provider ID:* 201910
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A137892
*NPI:* 1144562703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital, Good Samaritan Hospital Los Angeles, Sutter Medical Center Sacramento, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ASUDANI, DEEPAK G**
*Provider ID:* 63785
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A100515
*NPI:* 1548208812
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAJWA, JASWINDER P**
*Provider ID:* 63791
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A118049
*NPI:* 1306000922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAZICK, JESSICA G**
*Provider ID:* 63801
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A121356
*NPI:* 1114155082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**BEGOVIC, ADNAN**
*Provider ID:* 63803
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A79574
*NPI:* 1093791014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEHREND, TERRY L , MD**
*Provider ID:* 244798
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A75812
*NPI:* 1790780484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BELL, JOHN F**
*Provider ID:* 63805
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A120667
*NPI:* 1699978445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BIRGERSDOTTER GREEN, ULRIKA M**
*Provider ID:* 64534
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5743
*Fax:* (619) 543-2917
*After Hours Phone:* (619) 543-5743
*Provider Gender:* Female
*License number*: A49525
*NPI:* 1851349757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLUESTEIN, HARRY G**
*Provider ID:* 64538
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248

*Provider Gender:* Male
*License number*: G20053
*NPI:* 1295793024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BORDIN-WOSK, TALYA S**
*Provider ID:* 273983
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (760) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (760) 471-9186
*Provider Gender:* Female
*License number*: A123772
*NPI:* 1801184973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BROWNE, SARA H**
*Provider ID:* 64540
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Female
*License number*: A51877
*NPI:* 1275571176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CAPERNA, JOSEPH C**
*Provider ID:* 63155
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 822-5362
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A49951
*NPI:* 1720141153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CARLIN, AARON F**
*Provider ID:* 83255
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A115480
*NPI:* 1760718035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medical Group(s):*
*IPA:*

**CHACE, CONSTANCE R**
*Provider ID:* 117244
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A129086
*NPI:* 1154682953
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHANG, JOHN T**
*Provider ID:* 63841
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 822-7652
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A110350
*NPI:* 1265594527
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHENG, GEORGE Z**
*Provider ID:* 247639
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A166013
*NPI:* 1316174568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHEN, CHUNG-JIAH J**
*Provider ID:* 272667
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A158441
*NPI:* 1548792377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOE, CHARLES H**
*Provider ID:* 64549
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (649) 543-6303
*Fax:* (619) 543-7352
*After Hours Phone:* (649) 543-6303
*Provider Gender:* Male

*License number*: A77451
*NPI:* 1891733846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHONGKRAIRATANAKUL, TEPSIRI, MD**
*Provider ID:* 269868
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: C157995
*NPI:* 1982806329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOUEIRI, MICHEL B**
*Provider ID:* 113618
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A117112
*NPI:* 1780991869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CLAY, BRIAN J**
*Provider ID:* 63856
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9198
*Fax:*
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: A83799
*NPI:* 1831124635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DASHI, ARBEN**
*Provider ID:* 291393
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119142
*NPI:* 1790055705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAVIS, JASON T , MD**
*Provider ID:* 270967
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIS, JASON T , MD**
*Provider ID:* 80404
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
*Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DJEKIC, KRISTINA**
*Provider ID:* 286668
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A15063
*NPI:* 1417343732
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EISENBERG, STEVEN G**
*Provider ID:* 68214
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:*
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: 20A8293

*NPI:* 1831162627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**EL KAREH, ROBERT E**
*Provider ID:* 63891
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9185
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9185
*Provider Gender:* Male
*License number*: A112957
*NPI:* 1497944656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FARKHONDEHPOUR, MOHAMMAD A**
*Provider ID:* 115440
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A134730
*NPI:* 1265876890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FIRESTEIN, CATHERINE E**
*Provider ID:* 110393
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A143013
*NPI:* 1427348382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FREDERICK, WILLIAM J**
*Provider ID:* 83441
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A123614
*NPI:* 1841592805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GANDHI, NIKHIL R**
*Provider ID:* 63912
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A81799
*NPI:* 1609934538
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Vibra Hospital Of San Diego, Ucsd Medical Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GELBERG, ANNA**
*Provider ID:* 285638
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A105308
*NPI:* 1104004258
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GRUNVALD, EDUARDO L**
*Provider ID:* 127696
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A65336
*NPI:* 1497791339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GRUNVALD, EDUARDO L**
*Provider ID:* 286343
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A65336
*NPI:* 1497791339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GRUNVALD, EDUARDO L**
*Provider ID:* 286344
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A65336
*NPI:* 1497791339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HASTIE, ELIZABETH B**
*Provider ID:* 291431
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A166345
*NPI:* 1154818797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAZELBAKER, PAUL N**
*Provider ID:* 109909
*Board Certified Specialty:* No
DOWNTOWN FAMILY CTR AT CONNECTIONS
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:*
*After Hours Phone:* (619) 515-2430
*Provider Gender:* Male
*License number*: 20A7147
*NPI:* 1831106103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Downtown Family Ctr At Connections
*IPA:*

**HENDERSON, PHILIP L**
*Provider ID:* 121132
*Board Certified Specialty:* No
FAMILY HLTH CTR SD HILLCREST
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2545
*Fax:*
*After Hours Phone:* (619) 515-2545
*Provider Gender:* Male
*License number*: A140324
*NPI:* 1447678834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest
*IPA:*

**HILL, DEANNA L**
*Provider ID:* 64320
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Female
*License number*: A101349
*NPI:* 1417194614

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOGARTH, MICHAEL A**
*Provider ID:* 214386
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A51060
*NPI:* 1225019193
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUANG, BRYAN J**
*Provider ID:* 63970
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A87875
*NPI:* 1881652394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JABBOUR, MOUSSA**
*Provider ID:* 256659
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A148314
*NPI:* 1255741633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JASSAL, SIMERJOT K**
*Provider ID:* 103183
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A70679
*NPI:* 1689698052
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JENKINS, IAN H**
*Provider ID:* 63983
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9198
*Fax:*
*After Hours Phone:* (619) 471-9198
*Provider Gender:* Male
*License number*: A87009
*NPI:* 1992762520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JIANG, JUN Y**
*Provider ID:* 291415
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A164182
*NPI:* 1447792171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAFI, AARYA**
*Provider ID:* 271608
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A123008
*NPI:* 1255612339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAFI, AARYA**
*Provider ID:* 271609
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A123008
*NPI:* 1255612339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAFI, AARYA**
*Provider ID:* 271610
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A123008
*NPI:* 1255612339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KAHN, ANDREW M**
*Provider ID:* 63985
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A78646
*NPI:* 1841247384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAHN, ANDREW M**
*Provider ID:* 64332
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A78646
*NPI:* 1841247384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KALUNIAN, KENNETH C**
*Provider ID:* 64580
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (619) 543-3511
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G43645
*NPI:* 1346269990
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KARL, BETHANY E**
*Provider ID:* 83646
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (858) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: 20A10783
*NPI:* 1790980472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KATZ, YISRAEL**
*Provider ID:* 272936
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A158910
*NPI:* 1730507872
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KHALID, SHAFI M**
*Provider ID:* 125346
*Board Certified Specialty:* No
SAN DIEGO PAIN CONSULTANTS PROF CORP
5850 OBERLIN DR STE 100
SAN DIEGO, CA 92121-4710
*Phone:* (858) 485-1523
*Fax:*
*After Hours Phone:* (858) 485-1523
*Provider Gender:* Male
*License number*: C51093
*NPI:* 1750343760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali, Farsi, Spanish, Tagalog, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.sdpain.org
*Email:*
*Medical Group(s):*
*IPA:*

**KLINE, LAWRENCE E**
*Provider ID:* 118395
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 1
SAN DIEGO, CA 92121-3018
*Phone:* (619) 543-6312
*Fax:*
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: 20A3294
*NPI:* 1730140278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KOMSOUKANIANTS, ARKADY**
*Provider ID:* 116695
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A139258
*NPI:* 1720498959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KOOLA, JEJO D**
*Provider ID:* 111071
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A122014
*NPI:* 1073775532
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KVIATKOVSKY, MILLA J**
*Provider ID:* 274003
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: 20A15453
*NPI:* 1366855355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KWAK, KEVIN W**
*Provider ID:* 116427
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A149375
*NPI:* 1033538632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAGO HERNANDEZ, CARLOS A**
*Provider ID:* 238622
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A146029
*NPI:* 1558756270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAM, MICHAEL T**
*Provider ID:* 274410
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male
*License number*: A141055
*NPI:* 1578974259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAM, MICHAEL T**
*Provider ID:* 274411
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A141055
*NPI:* 1578974259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEE, DANIEL**
*Provider ID:* 64596
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:* (619) 543-7841
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: A61630
*NPI:* 1104876093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEVERONE, NICHOLAS A**
*Provider ID:* 272692
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A159232
*NPI:* 1407388564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LONERGAN, JOSEPH T**
*Provider ID:* 63158
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male
*License number*: A55815
*NPI:* 1962427310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOOMBA, ROHIT**
*Provider ID:* 64603
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Male
*License number*: A98657
*NPI:* 1578593521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LUNDE, OTTAR V**
*Provider ID:* 64349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: A97573
*NPI:* 1932257268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Norwegian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAJITHIA, AMIT R**
*Provider ID:* 255882
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C158025
*NPI:* 1801091459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARC AURELE, KRISHELLE L**
*Provider ID:* 118776
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**MARC AURELE, KRISHELLE L**
*Provider ID:* 52542
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARTINEZ, ARMANDO R**
*Provider ID:* 291421
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A164016
*NPI:* 1598261091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARTIN, LESLIE M**
*Provider ID:* 64065
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G79006
*NPI:* 1306895495
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCGEHRIN, KEVIN M**
*Provider ID:* 256020
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140783
*NPI:* 1972913101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCGEHRIN, KEVIN M**
*Provider ID:* 256021
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140783
*NPI:* 1972913101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCLNTYRE, JONATHAN S**
*Provider ID:* 117548
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A149315
*NPI:* 1134462211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEHDI, HARSHAL S**
*Provider ID:* 117537
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A149919
*NPI:* 1144631359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEHTA, GITA**
*Provider ID:* 125321
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 400
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Female
*License number*: A45647
*NPI:* 1538215264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Punjabi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEHTA, SANJAY R**
*Provider ID:* 64613
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: A89714
*NPI:* 1437150299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial

Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MILLER, RUSSELL J**
*Provider ID:* 122251
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A108650
*NPI:* 1619175528
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOAZZAM, ALAN A**
*Provider ID:* 120032
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A121629
*NPI:* 1811218274
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Huntington Hospital, Huntington Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MONTGRAIN, PHILIPPE R**
*Provider ID:* 64096
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A82120
*NPI:* 1629279997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOYO, STEVEN C**
*Provider ID:* 110487
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A137142
*NPI:* 1720354095
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**MUNCE, DANIELLE F**
*Provider ID:* 272577
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A152693
*NPI:* 1740644509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NAMAZY, DAVID S , MD**
*Provider ID:* 258027
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A74630
*NPI:* 1477558013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAMAZY, DAVID S , MD**
*Provider ID:* 258028
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A74630
*NPI:* 1477558013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NGUYEN, KATHERINE H**
*Provider ID:* 279375
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G79343
*NPI:* 1356319875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, TONY TAN**
*Provider ID:* 24568
*Board Certified Specialty:* No
NR MEDICAL ASSOCIATES
555 WASHINGTON ST

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SAN DIEGO, CA 92103-2289
*Phone:* (619) 250-8300
*Fax:*
*After Hours Phone:* (619) 250-8300
*Provider Gender:* Male
*License number*: G67119
*NPI:* 1609839299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Vibra Hospital Of San Diego, Garden Grove Hospital And Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NOBARI, MATTHEW M**
*Provider ID:* 119529
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 2
SAN DIEGO, CA 92121-3018
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A145102
*NPI:* 1619140902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NOBARI, MATTHEW M**
*Provider ID:* 242035
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A145102
*NPI:* 1619140902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NOKES, BRANDON T**
*Provider ID:* 287582
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155580
*NPI:* 1487040051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ORR, JEREMY E**
*Provider ID:* 99606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A111366
*NPI:* 1992940969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ORR, JEREMY E**
*Provider ID:* 99610
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 355-5864
*Fax:* (858) 657-6171
*After Hours Phone:* (858) 355-5864
*Provider Gender:* Male
*License number*: A111366
*NPI:* 1992940969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PARDEE, PERRIE E**
*Provider ID:* 101191
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A123826
*NPI:* 1578850988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, BIJAL V**
*Provider ID:* 257501
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A74638
*NPI:* 1639266026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, KRUTI**
*Provider ID:* 276541
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C170176
*NPI:* 1043574262
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PRATHIPATI, LAKSHMI**
*Provider ID:* 53410
*Board Certified Specialty:* No
KUMARA PRATHIPATI MD INC
4276 54TH PL STE B
SAN DIEGO, CA 92115-6011
*Phone:* (619) 286-3222
*Fax:* (619) 286-3223
*After Hours Phone:* (619) 286-3222
*Provider Gender:* Female
*License number*: A47821
*NPI:* 1245338490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**QUARTAROLO, JENNIFER M**
*Provider ID:* 64149
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A96235
*NPI:* 1841213865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAISINGHANI, AJIT B**
*Provider ID:* 64630
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G75914
*NPI:* 1831292796
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAMOS, PEDRO**
*Provider ID:* 64153
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A91945
*NPI:* 1861566366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RENARD, AYSEL**
*Provider ID:* 271842
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169429
*NPI:* 1225567456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIES, DAVID C**
*Provider ID:* 87181
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A127233
*NPI:* 1376705483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIVERA, TANIA L**
*Provider ID:* 78921
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A126958
*NPI:* 1336346972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**SANTOS CAVAIOLA, TRICIA**
*Provider ID:* 84769
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A108282
*NPI:* 1518163799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SASAKI, REID A**
*Provider ID:* 64182
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A112780
*NPI:* 1972817302
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHMICKL, CHRISTOPHER N**
*Provider ID:* 127692
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A155053
*NPI:* 1720498496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHOOLEY, ROBERT T**
*Provider ID:* 64641
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8000
*Fax:*
*After Hours Phone:* (858) 657-8000
*Provider Gender:* Male
*License number*: C51865
*NPI:* 1346298502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SEBASKY, MEGHAN M**
*Provider ID:* 273962
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A114146
*NPI:* 1538351408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SEGAR, SANDEEP**
*Provider ID:* 116375
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A149780
*NPI:* 1982017067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**SEYMANN, GREGORY B**
*Provider ID:* 64195
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A55150
*NPI:* 1710920442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAHATTO, LOBNA**
*Provider ID:* 129681
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A117647
*NPI:* 1477879906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAHATTO, LOBNA**
*Provider ID:* 201324
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Female
*License number*: A117647
*NPI:* 1477879906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SMITHERMAN, KENTON O**
*Provider ID:* 64208
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G84563
*NPI:* 1205888724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITH, CHELSEY J**
*Provider ID:* 239920
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-6110
*Fax:*
*After Hours Phone:* (858) 657-6110
*Provider Gender:* Female
*License number*: A126660
*NPI:* 1013264506
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SMITH, DAVID M**
*Provider ID:* 52340
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Male
*License number*: A63610
*NPI:* 1609891761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**SPECKART, PAUL F**
*Provider ID:* 64652
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: C31776
*NPI:* 1447346192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TANTISIRA, LALITA K**
*Provider ID:* 275926
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C170095
*NPI:* 1508874298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TANTISIRA, LALITA K**
*Provider ID:* 275927
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C170095
*NPI:* 1508874298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAYLOR, DAVID S**
*Provider ID:* 274469
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169407
*NPI:* 1033572995
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMAS, ROBERT L**
*Provider ID:* 238929
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151319
*NPI:* 1053765909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VAFADARAN, ASHKAN**
*Provider ID:* 109494
*Board Certified Specialty:* No
DTFHC AT CONNECTIONS
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:*
*After Hours Phone:* (619) 515-2430
*Provider Gender:* Male
*License number*: A137394
*NPI:* 1659634517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VARUGHESE, JAY I**
*Provider ID:* 64239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A105937
*NPI:* 1447490230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VODKIN, IRINE E**
*Provider ID:* 102009
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: A113664
*NPI:* 1861762619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VODKIN, IRINE E**
*Provider ID:* 102012
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: A113664
*NPI:* 1861762619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VUONG, NHAN D**
*Provider ID:* 117217
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A132811
*NPI:* 1194169573
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VYAS, DHWANIL V**
*Provider ID:* 289672
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A125364
*NPI:* 1295043388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VYAS, DHWANIL V**
*Provider ID:* 289673
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A125364
*NPI:* 1295043388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WANG, ANGELA C**
*Provider ID:* 259534
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (855) 355-5864
*Fax:* (888) 539-8781
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Female
*License number*: G62974
*NPI:* 1730133976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WANG, ANGELA C**
*Provider ID:* 259535
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G62974
*NPI:* 1730133976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WEBSTER, LUKE A**
*Provider ID:* 272681
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A159228
*NPI:* 1235660887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WINTERS, KATHRYN D**
*Provider ID:* 115623
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9185
*Fax:*
*After Hours Phone:* (619) 471-9185
*Provider Gender:* Female
*License number*: A141944
*NPI:* 1790128924
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WITZTUM, JOSEPH L**
*Provider ID:* 64664
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G29598
*NPI:* 1699791491
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WOOTEN, DARCY A**
*Provider ID:* 130066
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:* (619) 543-8255
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Female
*License number*: A114007
*NPI:* 1538495973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WYATT, WENDELL D**
*Provider ID:* 255535
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 220
SAN DIEGO, CA 92122-1040
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C136244
*NPI:* 1316906696
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YANG, JENNY Z**
*Provider ID:* 283026
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A145538
*NPI:* 1346636453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YANG, JENNY Z**
*Provider ID:* 283027
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A145538
*NPI:* 1346636453
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YOUNG, MAILE A**
*Provider ID:* 64667
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Female
*License number*: A93568
*NPI:* 1093904997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZARRINPAR, AMIR**
*Provider ID:* 84248
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A110886
*NPI:* 1417110917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZAYETS, STANISLAV**
*Provider ID:* 123480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9186
*Fax:*
*After Hours Phone:* (619) 471-9186
*Provider Gender:* Male
*License number*: A141681
*NPI:* 1437313178
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZHANG, SHERRY S**
*Provider ID:* 272657
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158102
*NPI:* 1588198147
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## INTERVENTIONAL CARDIOLOGY

**CARLSON, STEVEN K , MD**
*Provider ID:* 244810
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114-3629
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: A109957
*NPI:* 1467602946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Garfield Medical Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 114977
*Board Certified Specialty:* No
CARDIOVASCULAR INSTITUTE OF SAN DIEGO
292 EUCLID AVE STE 210
SAN DIEGO, CA 92114-3629
*Phone:* (619) 616-2100
*Fax:* (619) 616-2104
*After Hours Phone:* (619) 616-2100
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 126078
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 263-2499
*Fax:*
*After Hours Phone:* (619) 263-2499
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## LICENSED PROFESSIONAL CLINICAL COUNSELOR

**NAKAMURA, TIFFANY**
*Provider ID:* 239584
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 315
SAN DIEGO, CA 92121-3029

*Phone:* (858) 534-8019
*Fax:*
*After Hours Phone:* (858) 534-8019
*Provider Gender:* Female
*License number*: LPCC4383
*NPI:* 1356846349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## MATERNAL AND FETAL MEDICINE

**ADAMCZAK, JOANNA E**
*Provider ID:* 205633
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (885) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMCZAK, JOANNA E**
*Provider ID:* 258901
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMCZAK, JOANNA E**
*Provider ID:* 277210
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMCZAK, JOANNA E**
*Provider ID:* 287119
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272669
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272670
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 272674
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 463
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 277179

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**
*Provider ID:* 287129
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A149389
*NPI:* 1992149447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 205838
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 258870
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 277247
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**
*Provider ID:* 287071
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: G87630
*NPI:* 1255348744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ESFANDIARI, RAHELEH**
*Provider ID:* 242013
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 939-3400
*Fax:* (858) 277-1475
*After Hours Phone:* (858) 939-3400
*Provider Gender:* Female
*License number*: A100932
*NPI:* 1235320185
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ESFANDIARI, RAHELEH**
*Provider ID:* 287055
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A100932
*NPI:* 1235320185
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUSKEY, DANA E**
*Provider ID:* 287125
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAURENT, LOUISE C**
*Provider ID:* 208640
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A80409
*NPI:* 1770532707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 210033
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 210034
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 277260
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**
*Provider ID:* 287117
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: C159758
*NPI:* 1639153018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOORE, THOMAS R**
*Provider ID:* 208643
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOORE, THOMAS R**
*Provider ID:* 208644
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RICHARDSON, ALVIE C**
*Provider ID:* 214435
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 214436
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 277314
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**
*Provider ID:* 287096
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781

*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: C160063
*NPI:* 1154305977
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARD, JOHN D**
*Provider ID:* 217176
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A96329
*NPI:* 1568448116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICHARD, JOHN D**
*Provider ID:* 217177
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 140
SAN DIEGO, CA 92123-2712
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A96329
*NPI:* 1568448116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Naval Medical Ctr Sd Rbe, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 205438
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 277304
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 277307
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**
*Provider ID:* 287080
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THOMAS, STEVEN J**
*Provider ID:* 209479
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6600
*Fax:* (619) 543-5767
*After Hours Phone:* (619) 543-6600
*Provider Gender:* Male
*License number*: A40379
*NPI:* 1639242589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TITH, TEVY**
*Provider ID:* 205388
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**
*Provider ID:* 262371
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**
*Provider ID:* 277325
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TITH, TEVY**
*Provider ID:* 287052
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 242521
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 242522
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 939-4102
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 277353
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont

Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WESTERMANN, MELISSA L**
*Provider ID:* 287084
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A130149
*NPI:* 1760730758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 206229
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 277383
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 277387
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 287114
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 220
SAN DIEGO, CA 92123-2781
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WOLF, RICHARD B**
*Provider ID:* 209253
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A6028
*NPI:* 1497713846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## NEONATAL / PERINATAL MEDICINE

**CARROLL, JEANNE M**
*Provider ID:* 205727
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A118050
*NPI:* 1386928224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CASSEY, LINDSAY E**
*Provider ID:* 270421
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
220 EUCLID AVE STE 30
SAN DIEGO, CA 92114-3617
*Phone:* (209) 576-3526
*Fax:*
*After Hours Phone:* (209) 576-3526
*Provider Gender:* Female
*License number*: 20A14218
*NPI:* 1457762619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COHENMEYER, CASEY L**
*Provider ID:* 206102
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A80114
*NPI:* 1033286430
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Murrieta, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CULWELL, KELLY R**
*Provider ID:* 270475
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
220 EUCLID AVE STE 30
SAN DIEGO, CA 92114-3617
*Phone:* (916) 734-6925
*Fax:*
*After Hours Phone:* (916) 734-6925
*Provider Gender:* Female
*License number*: A76983
*NPI:* 1043508377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Uc Davis Medical Ctr, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FARRELL, MAUREEN E**
*Provider ID:* 270157
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2017 1ST AVE STE 201
SAN DIEGO, CA 92101-2033
*Phone:* (619) 881-4589
*Fax:*
*After Hours Phone:* (619) 881-4589
*Provider Gender:* Female
*License number*: A82843
*NPI:* 1508842303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Naval Hsp Camp Pendleton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FLEMING, SARAH E**
*Provider ID:* 205645
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:* (619) 686-3843
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Female
*License number*: A89838
*NPI:* 1679809826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 205892
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HONOLD, JOSE A**
*Provider ID:* 205941
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A51798
*NPI:* 1093886855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HONOLD, JOSE A**
*Provider ID:* 242881
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 691-7000
*Fax:*
*After Hours Phone:* (619) 691-7000
*Provider Gender:* Male
*License number*: A51798
*NPI:* 1093886855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUSKEY, DANA E**
*Provider ID:* 262264
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUSKEY, DANA E**
*Provider ID:* 262266
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Palomar Heatlh, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KO, KIMBERLY J**
*Provider ID:* 214506
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A77120
*NPI:* 1437448917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LANE, BRIAN P**
*Provider ID:* 205707
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

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*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A73829
*NPI:* 1427129287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEIBEL, SANDRA L**
*Provider ID:* 205951
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A121976
*NPI:* 1407024995
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Polish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LE, CRYSTAL N**
*Provider ID:* 205630
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A97634
*NPI:* 1003028416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 206206
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (619) 543-3812
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 206208
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARC AURELE, KRISHELLE L**
*Provider ID:* 206210
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8022
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-8022
*Provider Gender:* Female
*License number*: A99634
*NPI:* 1952503435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDOUM, RIAD**
*Provider ID:* 206152
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:* (619) 686-3843
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Male
*License number*: A36720
*NPI:* 1417050584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDOUM, RIAD**
*Provider ID:* 262122
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A36720
*NPI:* 1417050584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens

Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARENGO BARBICK, ANTOINETTE**
*Provider ID:* 271176
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2017 1ST AVE STE 301
SAN DIEGO, CA 92101-2033
*Phone:* (619) 881-4500
*Fax:*
*After Hours Phone:* (619) 881-4500
*Provider Gender:* Female
*License number*: A87783
*NPI:* 1144200718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCCULLEY, DAVID J**
*Provider ID:* 277177
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A88660
*NPI:* 1235304155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MESTAN, KAREN K**
*Provider ID:* 285932
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5888
*Fax:*
*After Hours Phone:* (858) 966-5888
*Provider Gender:* Female
*License number*: C173648
*NPI:* 1942253356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MODY, SHEILA K**
*Provider ID:* 270296
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2017 1ST AVE STE 100
SAN DIEGO, CA 92101-9001
*Phone:* (619) 543-6777
*Fax:*
*After Hours Phone:* (619) 543-6777
*Provider Gender:* Female
*License number*: A117818
*NPI:* 1952561102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOYER, LAUREL B**
*Provider ID:* 205399
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: C144070
*NPI:* 1598970378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOYER, LAUREL B**
*Provider ID:* 283257
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: C144070
*NPI:* 1598970378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIEMI, ANNA-KAISA**
*Provider ID:* 262157
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIEMI, ANNA-KAISA**
*Provider ID:* 262158
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7107
*Fax:*
*After Hours Phone:* (619) 260-7107
*Provider Gender:* Female
*License number*: A104907
*NPI:* 1497941397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

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**ODONNELL, F JANE D**
*Provider ID:* 205578
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: G81056
*NPI:* 1477625325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAMOS, CARLOS G**
*Provider ID:* 206060
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: A91944
*NPI:* 1205047545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBERTSON, LAUREN A**
*Provider ID:* 271054
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2017 1ST AVE STE 100
SAN DIEGO, CA 92101-9001
*Phone:* (858) 455-7520
*Fax:*
*After Hours Phone:* (858) 455-7520
*Provider Gender:* Female
*License number*: A109671
*NPI:* 1710211867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SAJTI, ENIKO C**
*Provider ID:* 206171
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Female
*License number*: A115973
*NPI:* 1649433103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHANNON, KELLI K**
*Provider ID:* 208474
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A125621
*NPI:* 1922156397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SONG, RICHARD S**
*Provider ID:* 206143
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A112147
*NPI:* 1881893477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPEZIALE, MARK V**
*Provider ID:* 206126
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: G78658
*NPI:* 1801978143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUTTNER, DENISE M**
*Provider ID:* 265085
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A52313
*NPI:* 1457433799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SWEENEY, NATHALY M**
*Provider ID:* 206182
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A110761
*NPI:* 1164572632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAUCHER, YVONNE E**
*Provider ID:* 205652
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:*
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Female
*License number*: G25444
*NPI:* 1275615510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WEISS, KATHERINE J**
*Provider ID:* 264677
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: C154876
*NPI:* 1053541862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEPHROLOGY

**AHMED, KAMAL E**
*Provider ID:* 63771
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C50781
*NPI:* 1952352411
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic, French, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BARANSKI, JOEL J**
*Provider ID:* 257541
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G67559
*NPI:* 1548265234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Kindred Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Imperial Health Holdings Medical Group-Sd

**BARANSKI, JOEL J**
*Provider ID:* 31396
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G67559
*NPI:* 1548265234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Kindred Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Imperial Health Holdings Medical Group-Sd

**BEBEN, TOMASZ**
*Provider ID:* 101291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A113430
*NPI:* 1689839441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Polish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BEHREND, TERRY L**
*Provider ID:* 262197
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A75812
*NPI:* 1790780484
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEHREND, TERRY L**
*Provider ID:* 87090
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A75812
*NPI:* 1790780484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEHREND, TERRY L , MD**
*Provider ID:* 87090
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A75812
*NPI:* 1790780484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BROWN, KRISTIAN L**
*Provider ID:* 262237
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: A124291
*NPI:* 1023272051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**CARTER, CAITLIN E**
*Provider ID:* 68211
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A93600
*NPI:* 1255514618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DAVIS, JASON T**
*Provider ID:* 62916
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIS, JASON T**
*Provider ID:* 80404
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVIS, JASON T**
*Provider ID:* 80404
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:*
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A100799
*NPI:* 1295911469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FARAVARDEH, ARMAN**
*Provider ID:* 262114
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: A94375
*NPI:* 1467410019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Swedish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FARAVARDEH, ARMAN, MD**
*Provider ID:* 82852
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: A94375
*NPI:* 1467410019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Swedish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FARAVARDEH, ARMAN**
*Provider ID:* 82852
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:*
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A94375
*NPI:* 1467410019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Swedish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**GANESAN, LAKSHMI L**
*Provider ID:* 289152
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8574
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Female
*License number*: A127348
*NPI:* 1821356288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Childrens Hospital, Loma Linda University Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HALLDORSON, JEFFREY B**
*Provider ID:* 262155
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: G86089
*NPI:* 1558446351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HAMMES, JOHN S**
*Provider ID:* 262327
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G84351
*NPI:* 1891766994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HAMMES, JOHN S**
*Provider ID:* 76487
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:*
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G84351
*NPI:* 1891766994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:* www.balboacare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HAMMES, JOHN S , MD**
*Provider ID:* 76487
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G84351
*NPI:* 1891766994
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KHAING, KATHY, MD**
*Provider ID:* 205002
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: A127006
*NPI:* 1912219155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Burmese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUND, GUY L**
*Provider ID:* 262178
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A68839
*NPI:* 1700859279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LUND, GUY L**
*Provider ID:* 87088
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:*
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A68839
*NPI:* 1700859279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LUND, GUY L , MD**
*Provider ID:* 87088
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A68839
*NPI:* 1700859279
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MAK, ROBERT H**
*Provider ID:* 206177
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST # 10
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Male
*License number*: A43991
*NPI:* 1740295252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MAK, ROBERT H**
*Provider ID:* 52566
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A43991
*NPI:* 1740295252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NAMAZY, DAVID S**
*Provider ID:* 119925
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A74630
*NPI:* 1477558013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAMAZY, DAVID S**
*Provider ID:* 262262
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A74630
*NPI:* 1477558013
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NGUYEN, VIET D , MD**
*Provider ID:* 270191
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: A149088
*NPI:* 1184019051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NOURBAKHSH, NOUREDDIN D**
*Provider ID:* 101316
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: 20A11746
*NPI:* 1801082003
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NOURBAKHSH, NOUREDDIN D**
*Provider ID:* 102313
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 657-8000
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: 20A11746
*NPI:* 1801082003
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, BIJAL V**
*Provider ID:* 262121
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A74638
*NPI:* 1639266026
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, BIJAL V , MD**
*Provider ID:* 34506
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A74638
*NPI:* 1639266026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, BIJAL V**
*Provider ID:* 34506
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:*
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A74638
*NPI:* 1639266026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PERENS, ELLIOT A**
*Provider ID:* 101300
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Male
*License number*: A108840
*NPI:* 1922328947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**QUEVEDO, JUAN M , MD**
*Provider ID:* 269998
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102-4544
*Phone:* (619) 263-9729
*Fax:* (619) 263-9730
*After Hours Phone:* (619) 263-9729

*Provider Gender:* Male
*License number*: A144881
*NPI:* 1093902496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**QUEVEDO, JUAN M**
*Provider ID:* 35241
*Board Certified Specialty:* No
SOUTHERN CALIFORNIA INTERVENTIONAL ASSOC
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102-4544
*Phone:* (619) 263-9729
*Fax:*
*After Hours Phone:* (619) 263-9729
*Provider Gender:* Male
*License number*: A144881
*NPI:* 1093902496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANCHEZ, AMBER P**
*Provider ID:* 64175
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A91770
*NPI:* 1700963907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAH, MITA M**
*Provider ID:* 262230
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Female
*License number*: A71739
*NPI:* 1194773010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**STEINBERG, STEVEN M**
*Provider ID:* 262281
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: G17843
*NPI:* 1407852783
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**THOMAS, THEODORE S**
*Provider ID:* 262359
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4060 4TH AVE STE 220
SAN DIEGO, CA 92103-2120
*Phone:* (619) 299-2350
*Fax:* (619) 297-8379
*After Hours Phone:* (619) 299-2350
*Provider Gender:* Male
*License number*: G61681
*NPI:* 1669477113
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, IB, E
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**THOMSON, SCOTT C**
*Provider ID:* 64223
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G53658
*NPI:* 1225052483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## NEUROLOGY CHILD

**FRIEDMAN, JENNIFER R**
*Provider ID:* 205835
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: G87128
*NPI:* 1821144478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLD, JEFFREY J**
*Provider ID:* 205922
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A111541
*NPI:* 1568773984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr

At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GRAVES, JENNIFER S**
*Provider ID:* 261037
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A116811
*NPI:* 1992849863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Medical Ctr At Ucsf, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GRAY, ROBERT M**
*Provider ID:* 261016
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6706
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-6706
*Provider Gender:* Male
*License number*: PSY20705
*NPI:* 1679616981
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUIDO-ESTRADA, NATALIE M**
*Provider ID:* 205825
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A140052
*NPI:* 1528353521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HAAS, RICHARD H**
*Provider ID:* 205622
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A38555
*NPI:* 1700801867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HAAS, RICHARD H**
*Provider ID:* 205623
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (619) 543-7800
*Fax:* (619) 543-3565
*After Hours Phone:* (619) 543-7800
*Provider Gender:* Male
*License number*: A38555
*NPI:* 1700801867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM MCMANUS, OLIVIA S**
*Provider ID:* 206256
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A120194
*NPI:* 1174870067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KONERSMAN, CHAMINDRA G**
*Provider ID:* 205501
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:*
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: A101351
*NPI:* 1538320395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NELSON, JAMES E**
*Provider ID:* 205373
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: C55868

*NPI:* 1568434546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NESPECA, MARK P**
*Provider ID:* 205401
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: G65509
*NPI:* 1942371703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RISMANCHI, NEGGY**
*Provider ID:* 206017
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A118427
*NPI:* 1669759148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAHAGIAN, MICHELLE L**
*Provider ID:* 206074
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A80990
*NPI:* 1275604035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SATTAR, SHIFTEH**
*Provider ID:* 206181
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A103904
*NPI:* 1750407300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NEUROLOGY

**ANSARI, HOSSEIN**
*Provider ID:* 92480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: A121526
*NPI:* 1578774949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BEVINS, ELIZABETH A**
*Provider ID:* 241943
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A145182
*NPI:* 1013395151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BREWER, JAMES B**
*Provider ID:* 63818
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A89348
*NPI:* 1033144985
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUI, JONATHAN D**
*Provider ID:* 206005
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A96574
*NPI:* 1730247974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BUI, JONATHAN D**
*Provider ID:* 63827
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (999) 999-9999
*Fax:*
*After Hours Phone:* (999) 999-9999
*Provider Gender:* Male
*License number*: A96574
*NPI:* 1730247974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BUI, JONATHAN D**
*Provider ID:* 82151
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (999) 999-9999
*Fax:*
*After Hours Phone:* (999) 999-9999
*Provider Gender:* Male
*License number*: A96574
*NPI:* 1730247974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHEN, DILLON Y**
*Provider ID:* 259994
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A133170
*NPI:* 1841633914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHEN, DILLON Y**
*Provider ID:* 259996
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: A133170
*NPI:* 1841633914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**COREY BLOOM, JODY P**
*Provider ID:* 63863
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G62847
*NPI:* 1053400093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COUGHLIN, DAVID G**
*Provider ID:* 240949
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A162063
*NPI:* 1740543784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COUGHLIN, DAVID G**
*Provider ID:* 240951
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A162063
*NPI:* 1740543784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEVOR, WILLIAM N**
*Provider ID:* 287356
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G46493
*NPI:* 1093874604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DEVOR, WILLIAM N**
*Provider ID:* 287357
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G46493
*NPI:* 1093874604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DUNN-PIRIO, ANASTASIE M**
*Provider ID:* 203235
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3500
*Fax:* (888) 539-8781
*After Hours Phone:* (619) 543-3500
*Provider Gender:* Female
*License number*: A157861
*NPI:* 1700177136
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ELLIS, RONALD J**
*Provider ID:* 63892
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G70658
*NPI:* 1992763114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EVANS, SEAN J**
*Provider ID:* 64699
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: A81217
*NPI:* 1366503427
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FREDERICK, ALIYA L**
*Provider ID:* 283152
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A148160
*NPI:* 1548657992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**FRIEDMAN, JENNIFER R**
*Provider ID:* 283037
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: G87128
*NPI:* 1821144478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FRIEDMAN, JENNIFER R**
*Provider ID:* 283237
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5819
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5819
*Provider Gender:* Female
*License number*: G87128
*NPI:* 1821144478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FRIEDMAN, JENNIFER R**
*Provider ID:* 52575
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: G87128
*NPI:* 1821144478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GERTSCH, JEFFREY H**
*Provider ID:* 63915
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A88828
*NPI:* 1730352287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOLD, JEFFREY J**
*Provider ID:* 283335
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A111541
*NPI:* 1568773984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GONZALEZ, CYNTHIA**
*Provider ID:* 110378
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A131602
*NPI:* 1871767210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GRISOLIA, JAMES S**
*Provider ID:* 262180
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4033 3RD AVE STE 410
SAN DIEGO, CA 92103-2140
*Phone:* (619) 297-1155
*Fax:* (619) 297-7538
*After Hours Phone:* (619) 297-1155
*Provider Gender:* Male
*License number*: G42884
*NPI:* 1336102359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**GUIDO-ESTRADA, NATALIE M**
*Provider ID:* 109190
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:*
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A140052
*NPI:* 1528353521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUNDOGDU, MELEK B**
*Provider ID:* 128070
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: C156629
*NPI:* 1437253671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUNDOGDU, MELEK B**
*Provider ID:* 201623
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3500
*Fax:*
*After Hours Phone:* (619) 543-3500
*Provider Gender:* Female
*License number*: C156629
*NPI:* 1437253671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAAS, RICHARD H**
*Provider ID:* 63936
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A38555
*NPI:* 1700801867
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HANNAWI, ANDREW P**
*Provider ID:* 283154
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A153161
*NPI:* 1194179135
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HEMMEN, THOMAS M**
*Provider ID:* 63952
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A72645
*NPI:* 1902821945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUISA-GARATE, BRANKO N**
*Provider ID:* 110376
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A108574
*NPI:* 1063551000
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Mercy Hospital, El Centro Regional Medical Center, Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Temecula Valley Hospital Inc, Ucsd Medical Ctr, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IRAGUIMADOZ, VICENTE J**
*Provider ID:* 63979
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A31274
*NPI:* 1053326710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JABLECKI, CHARLES K**
*Provider ID:* 112351
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: G33067
*NPI:* 1255315677
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JINDAL, ANUJA V**
*Provider ID:* 119343
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5999
*Fax:*
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A149444
*NPI:* 1194046581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JINDAL, ANUJA V**
*Provider ID:* 206263
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A149444
*NPI:* 1194046581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANSAL, LEENA R**
*Provider ID:* 63989
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A99271
*NPI:* 1871759084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KHAMISHON, BORIS, MD**
*Provider ID:* 269923
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6699 ALVARADO RD STE 2301
SAN DIEGO, CA 92120-5241
*Phone:* (619) 582-2595
*Fax:* (619) 229-8006
*After Hours Phone:* (619) 582-2595
*Provider Gender:* Male
*License number*: A56165
*NPI:* 1104922038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Samoan, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-4PM, F 8AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KHOROMI, SUZAN**
*Provider ID:* 110429
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (619) 543-3500
*Fax:*
*After Hours Phone:* (619) 543-3500
*Provider Gender:* Female
*License number*: G136006
*NPI:* 1588803340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIM MCMANUS, OLIVIA S**
*Provider ID:* 121365
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:*
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A120194
*NPI:* 1174870067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KINKEL, REVERE P**
*Provider ID:* 83656
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G89360
*NPI:* 1043325939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KONERSMAN, CHAMINDRA G**
*Provider ID:* 110438
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Female
*License number*: A101351
*NPI:* 1538320395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KONERSMAN, CHAMINDRA G**
*Provider ID:* 85229
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:*
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: A101351
*NPI:* 1538320395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LABUZETTA, JAMIE N**
*Provider ID:* 110440
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A130618
*NPI:* 1316268949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, DAVID J**
*Provider ID:* 246263
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124329
*NPI:* 1871884130
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEGER, GABRIEL C**
*Provider ID:* 247608
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 543-8540
*Fax:*
*After Hours Phone:* (858) 543-8540
*Provider Gender:* Male
*License number*: C155902
*NPI:* 1720367899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LESSIG, STEPHANIE L**
*Provider ID:* 64036
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A81417
*NPI:* 1134167141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**LIPTON, STUART A**
*Provider ID:* 64044
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G85439
*NPI:* 1578596292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LONGARDNER, KATHERINE M**
*Provider ID:* 268346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A137963
*NPI:* 1801215926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCGEHRIN, KEVIN M**
*Provider ID:* 243545
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A140783
*NPI:* 1972913101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEYER, BRETT C**
*Provider ID:* 64083
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A70903
*NPI:* 1316011265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MODIR, ROYYA F**
*Provider ID:* 84287
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A121407
*NPI:* 1295909554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NELSON, JAMES E**
*Provider ID:* 104822
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: C55868
*NPI:* 1568434546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NESPECA, MARK P**
*Provider ID:* 52598
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: G65509
*NPI:* 1942371703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NISSINEN, JANNE K**
*Provider ID:* 116418
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (858) 657-8814
*Fax:*
*After Hours Phone:* (858) 657-8814
*Provider Gender:* Male
*License number*: A123181
*NPI:* 1710278569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OLSON, SCOTT E**
*Provider ID:* 64120
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715

*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**QAYOUMI, WALI Z**
*Provider ID:* 284370
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (619) 294-3746
*Fax:* (888) 539-8781
*After Hours Phone:* (619) 294-3746
*Provider Gender:* Male
*License number*: A168429
*NPI:* 1093178220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RHO, JONG M**
*Provider ID:* 243628
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5819
*Fax:*
*After Hours Phone:* (858) 966-5819
*Provider Gender:* Female
*License number*: G64857
*NPI:* 1235243999
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIGGINS, NINA Y**
*Provider ID:* 285968
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A120575
*NPI:* 1568655264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RISMANCHI, NEGGY**
*Provider ID:* 118530
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:*
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A118427
*NPI:* 1669759148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHUMANN, RICHARD J**
*Provider ID:* 269967
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16776 BERNARDO CENTER DR STE 209
SAN DIEGO, CA 92128-2559
*Phone:* (858) 675-1112
*Fax:* (888) 675-1141
*After Hours Phone:* (858) 675-1112
*Provider Gender:* Male
*License number*: A62324
*NPI:* 1831157916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Kindred Hospital San Diego, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHTRAHMAN, MATTHEW**
*Provider ID:* 115790
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A108752
*NPI:* 1740440460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SIAVOSHI, SARA S**
*Provider ID:* 110460
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: 20A13495
*NPI:* 1548604101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TECOMA, EVELYN S**
*Provider ID:* 64219
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G58138
*NPI:* 1174556518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**TRAUNER, DORIS A**
*Provider ID:* 205504
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: G25519
*NPI:* 1124051420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TRAUNER, DORIS A**
*Provider ID:* 52604
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: G25519
*NPI:* 1124051420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TROXELL, REGINA M**
*Provider ID:* 201621
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**TROXELL, REGINA M**
*Provider ID:* 201622
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**TROXELL, REGINA M**
*Provider ID:* 210761

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**TROXELL, REGINA M**
*Provider ID:* 265111
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5819
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5819
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**TROXELL, REGINA M**
*Provider ID:* 283167
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5819
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5819
*Provider Gender:* Female
*License number*: A157940
*NPI:* 1013350586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**WANG, CHING H**
*Provider ID:* 275492
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: G86512
*NPI:* 1023144375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marin General Hosp, California Pacific Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WIEGAND, SARAH E**
*Provider ID:* 284209
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 4
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5819
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5819
*Provider Gender:* Female
*License number*: 20A16503
*NPI:* 1164818035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**WIEGAND, SARAH E**
*Provider ID:* 284210
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: 20A16503
*NPI:* 1164818035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**WIEGAND, SARAH E**
*Provider ID:* 284211
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: 20A16503
*NPI:* 1164818035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**ZIMBRIC, MICHAEL R**
*Provider ID:* 206272
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A95660
*NPI:* 1487819546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZIMBRIC, MICHAEL R**
*Provider ID:* 283174
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5999
*Fax:* (858) 966-4930
*After Hours Phone:* (858) 966-5999

*Provider Gender:* Male
*License number*: A95660
*NPI:* 1487819546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZIMBRIC, MICHAEL R**
*Provider ID:* 52605
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A95660
*NPI:* 1487819546
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## NUCLEAR MEDICINE

**BELEZZUOLI, ERNEST V**
*Provider ID:* 63804
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G74168
*NPI:* 1083703805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BELEZZUOLI, ERNEST V**
*Provider ID:* 64272
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:* (619) 471-9245
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G74168
*NPI:* 1083703805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOH, CARL K**
*Provider ID:* 63961
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G61309
*NPI:* 1962427682
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOH, CARL K**
*Provider ID:* 64324
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G61309
*NPI:* 1962427682
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## OBSTETRICS / GYNECOLOGY

**ADAMCZAK, JOANNA E**
*Provider ID:* 69225
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A116982
*NPI:* 1447428420
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AGARWAL, SANJAY K**
*Provider ID:* 64523
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A52018
*NPI:* 1255489720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114809
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114818
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114820
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114839
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 128384
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**BAHADOR, AFSHIN**
*Provider ID:* 66125
*Board Certified Specialty:* No
SOUTH COAST GYNECOLOGIC ONCOLOGY INC
3390 CARMEL MOUNTAIN RD STE 130
SAN DIEGO, CA 92121-1054
*Phone:* (858) 455-5524
*Fax:*
*After Hours Phone:* (858) 455-5524
*Provider Gender:* Male
*License number*: A65396
*NPI:* 1316963713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BLAKE, GARY D**
*Provider ID:* 290731
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*Provider Gender:* Male
*License number*: G44807
*NPI:* 1497738439
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**BROWN, ELISE S**
*Provider ID:* 201761
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6719 ALVARADO RD STE 302
SAN DIEGO, CA 92120-5263
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G85861
*NPI:* 1801893201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BROWN, ELISE S**
*Provider ID:* 282786
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G85861
*NPI:* 1801893201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No

*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRUBAKER, LINDA**
*Provider ID:* 113025
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Female
*License number*: G87848
*NPI:* 1053385195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127418
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127428
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127429
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127455
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 98960
*Board Certified Specialty:* No
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 98960
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 1227380
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male

*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127373
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-5PM, TH 9:30AM-6PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127375
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127376
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127381
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424

*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114860
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2561
*Fax:*
*After Hours Phone:* (619) 515-2561
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114864
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8AM-5:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114870
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114877
*Board Certified Specialty:* No

CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 128379
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**COHEN, MANSOUR J**
*Provider ID:* 205940
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7695 CARDINAL CT STE 390
SAN DIEGO, CA 92123-3356
*Phone:* (858) 279-8111
*Fax:* (858) 279-4703
*After Hours Phone:* (858) 279-8111
*Provider Gender:* Male
*License number*: A34624
*NPI:* 1346225356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Farsi, Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-4PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CORMANO, JULIA L**
*Provider ID:* 112487
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A115304
*NPI:* 1073740395
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEAK, PAMELA W**

*Provider ID:* 64556
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A54653
*NPI:* 1316978554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DELCORE, LAURA M**
*Provider ID:* 291326
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291327
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291328
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6030 VILLAGE WAY
SAN DIEGO, CA 92130-2972
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291329
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELCORE, LAURA M**
*Provider ID:* 291330
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A133536
*NPI:* 1790128759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291337
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291338
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6030 VILLAGE WAY
SAN DIEGO, CA 92130-2972
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291339
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DRIEBE, AMY M**
*Provider ID:* 291340
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A142172
*NPI:* 1730507567
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DUGGAN, BRIDGETTE D**
*Provider ID:* 66127
*Board Certified Specialty:* No
SOUTH COAST GYNECOLOGIC ONCOLOGY INC
3390 CARMEL MOUNTAIN RD STE 130
SAN DIEGO, CA 92121-1054
*Phone:* (858) 455-5524
*Fax:*
*After Hours Phone:* (858) 455-5524
*Provider Gender:* Female
*License number*: G66287
*NPI:* 1841212081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ESKANDER, RAMEZ N**
*Provider ID:* 114324
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A102482
*NPI:* 1144486929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120486
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120494

*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120508
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120509
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120520
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers

*IPA:*

**FRATTO, VICTORIA M**
*Provider ID:* 97636
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A136189
*NPI:* 1124318472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRUGONI, GINA R , MD**
*Provider ID:* 270056
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 400-5074
*Fax:*
*After Hours Phone:* (619) 400-5074
*Provider Gender:* Female
*License number*: A99646
*NPI:* 1578729315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRUGONI, GINA R**
*Provider ID:* 64563
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A99646
*NPI:* 1578729315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GABBY, LAURYN C**
*Provider ID:* 269692
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A151539
*NPI:* 1003330572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GROSS, ERIN A**
*Provider ID:* 64570
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248
*Fax:* (858) 657-8666
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A99544
*NPI:* 1013175009
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUPTA, PRATIMA**
*Provider ID:* 257547
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A832373
*NPI:* 1891749842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUPTA, PRATIMA**
*Provider ID:* 257548
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A832373
*NPI:* 1891749842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**
*Provider ID:* 278915
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C169168
*NPI:* 1457662868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**
*Provider ID:* 278917
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C169168
*NPI:* 1457662868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HEBERT, STEPHEN A**
*Provider ID:* 64573
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G40602
*NPI:* 1730127069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HERRERO, TIFFANY C**
*Provider ID:* 270001
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (650) 243-7942
*Fax:*
*After Hours Phone:* (650) 243-7942
*Provider Gender:* Female
*License number*: A119846
*NPI:* 1609140524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HOANG, MAI P**
*Provider ID:* 208294
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A130031
*NPI:* 1104143593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOM, MARIANNE S**
*Provider ID:* 242751
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A146335
*NPI:* 1972047397
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUSKEY, DANA E**
*Provider ID:* 127325
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUSKEY, DANA E**
*Provider ID:* 127326
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A99128
*NPI:* 1538146337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLY, THOMAS F**
*Provider ID:* 290200
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (858) 633-4681
*After Hours Phone:* (619) 563-0250
*Provider Gender:* Male
*License number*: G60630
*NPI:* 1336203496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**KELLY, THOMAS F**
*Provider ID:* 64584
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:*
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Male
*License number*: G60630
*NPI:* 1336203496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Ucsd Medical Group

**KINGSTON, JESSICA M**
*Provider ID:* 64586
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A70367
*NPI:* 1538106372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLEIN, DAVID A**
*Provider ID:* 271560
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155090
*NPI:* 1780073635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KLEIN, DAVID A**
*Provider ID:* 271561
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6030 VILLAGE WAY
SAN DIEGO, CA 92130-2972
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A155090
*NPI:* 1780073635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOHATSU, KAREN E**
*Provider ID:* 205481
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
11939 RANCHO BERNARDO RD STE 110
SAN DIEGO, CA 92128-2074
*Phone:* (858) 618-1156
*Fax:* (858) 618-3314
*After Hours Phone:* (858) 618-1156
*Provider Gender:* Female
*License number*: G70665
*NPI:* 1679517239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8:30AM-4:30PM, F 8:30AM-2PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LACOURSIERE, DAPHNE Y**
*Provider ID:* 64594
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A74138
*NPI:* 1316037922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAMALE-SMITH, LEAH M**
*Provider ID:* 208681
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**
*Provider ID:* 285519
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**
*Provider ID:* 99917
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135831
*NPI:* 1396904876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAURENT, LOUISE C**
*Provider ID:* 64595
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A80409
*NPI:* 1770532707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIPSCHITZ, LISA S**
*Provider ID:* 115420
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-5PM, TH 9:30AM-6PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 115427
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 115428
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital,

Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 115432
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 25621
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115543
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115545
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female

*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115560
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115561
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 128426
*Board Certified Specialty:* No
LEMON GROVE FAMILY HEALTH CENTER
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**LUKACZ, EMILY S**
*Provider ID:* 64604
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST

SAN DIEGO, CA 92103-2030
*Phone:* (858) 657-8745
*Fax:* (858) 657-8666
*After Hours Phone:* (858) 657-8745
*Provider Gender:* Female
*License number*: A63540
*NPI:* 1750339446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MACAULAY, KATHRYN M**
*Provider ID:* 64606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A61603
*NPI:* 1235154618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MACKAY, GILLIAN**
*Provider ID:* 200965
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113346
*NPI:* 1770702177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MACKAY, GILLIAN**
*Provider ID:* 200966
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A113346
*NPI:* 1770702177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MANI, PARVIN P**
*Provider ID:* 242345
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 208
SAN DIEGO, CA 92120-5187
*Phone:* (619) 583-7555
*Fax:* (619) 583-0555
*After Hours Phone:* (619) 583-7555
*Provider Gender:* Female
*License number*: A52580
*NPI:* 1518925015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc,

Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MANSOUR, ANMAR A**
*Provider ID:* 204717
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7695 CARDINAL CT STE 370
SAN DIEGO, CA 92123-3332
*Phone:* (858) 277-1599
*Fax:* (858) 277-1475
*After Hours Phone:* (866) 558-7293
*Provider Gender:* Female
*License number*: A92470
*NPI:* 1881617884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-TH 9AM-5PM, F 9AM-1PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCCAULLEY, JILL A**
*Provider ID:* 110414
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (858) 657-7200
*Fax:*
*After Hours Phone:* (858) 657-7200
*Provider Gender:* Female
*License number*: A131156
*NPI:* 1669607388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MCNALLY, COLLEEN P**
*Provider ID:* 209894
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741
*Phone:* (619) 543-7400
*Fax:* (619) 543-7401
*After Hours Phone:* (619) 543-7400
*Provider Gender:* Female
*License number*: G74059
*NPI:* 1114039062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCQUEEN, DANA B**
*Provider ID:* 110865
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A141023
*NPI:* 1669768180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEADOWS, AUDRA R**
*Provider ID:* 285741
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C171680
*NPI:* 1467585521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEADOWS, AUDRA R**
*Provider ID:* 285742
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C171680
*NPI:* 1467585521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115031
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115034
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115051
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 128388
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 75971
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**MEURICE, MARIELLE ERENDIRA LUCILLE**
*Provider ID:* 284268
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A159003
*NPI:* 1720510779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MEURICE, MARIELLE ERENDIRA LUCILLE**
*Provider ID:* 284270
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A159003
*NPI:* 1720510779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* University Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MILLER, CHRISTINE B**
*Provider ID:* 64614
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: G82246
*NPI:* 1154346583
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MODY, SHEILA K**
*Provider ID:* 64616
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 657-8666
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A117818
*NPI:* 1952561102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, THOMAS R**
*Provider ID:* 64617
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Male
*License number*: G49930
*NPI:* 1184682379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MORAN, THOMAS P**
*Provider ID:* 270953
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

220 EUCLID AVE STE 30
SAN DIEGO, CA 92114-3617
*Phone:* (619) 881-4500
*Fax:*
*After Hours Phone:* (619) 881-4500
*Provider Gender:* Male
*License number*: G59541
*NPI:* 1093887069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MORAN, THOMAS P**
*Provider ID:* 48123
*Board Certified Specialty:* No
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST
2017 1ST AVE STE 100
SAN DIEGO, CA 92101-9001
*Phone:* (888) 743-7526
*Fax:*
*After Hours Phone:* (888) 743-7526
*Provider Gender:* Male
*License number*: G59541
*NPI:* 1093887069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, SON H**
*Provider ID:* 271018
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1075 CAMINO DEL RIO S
SAN DIEGO, CA 92108-3538
*Phone:* (619) 881-4500
*Fax:*
*After Hours Phone:* (619) 881-4500
*Provider Gender:* Male
*License number*: G63695
*NPI:* 1548332513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PINSON, KELSEY A**
*Provider ID:* 284286
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4910 DIRECTORS PL STE 200
SAN DIEGO, CA 92121-3814
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158192
*NPI:* 1841722485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PINSON, KELSEY A**
*Provider ID:* 284287
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158192
*NPI:* 1841722485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PINSON, KELSEY A**
*Provider ID:* 284288
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A158192
*NPI:* 1841722485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**
*Provider ID:* 271534
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A66580
*NPI:* 1558310557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**
*Provider ID:* 271536
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A66580
*NPI:* 1558310557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**
*Provider ID:* 271537
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6030 VILLAGE WAY
SAN DIEGO, CA 92130-2972
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A66580
*NPI:* 1558310557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**
*Provider ID:* 64633
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A66580
*NPI:* 1558310557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIES, MAUREEN C**
*Provider ID:* 124479
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A127234
*NPI:* 1750544516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIES, MAUREEN C**
*Provider ID:* 125254
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: A127234
*NPI:* 1750544516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIVAS, RENEE N**
*Provider ID:* 284298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A173043
*NPI:* 1295263861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130080
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130084
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130085
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130087
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (616) 515-2444
*Fax:*
*After Hours Phone:* (616) 515-2444
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont

Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130088
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**SANDOVAL, SELINA M**
*Provider ID:* 270560
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A167853
*NPI:* 1336599653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHWENDEMANN, WADE D**
*Provider ID:* 122023
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A109228
*NPI:* 1477563302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 205413
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
286 EUCLID AVE STE 205
SAN DIEGO, CA 92114-3612
*Phone:* (619) 263-6141
*Fax:* (619) 263-7236
*After Hours Phone:* (619) 263-6141
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-5PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 290713
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
286 EUCLID AVE STE 302
SAN DIEGO, CA 92114-3613
*Phone:* (619) 662-4100
*Fax:* (619) 428-7952
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**SEMO, ROBERT J**
*Provider ID:* 64642
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Male
*License number*: A42951
*NPI:* 1326030669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAH, NEMI M**
*Provider ID:* 272580
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A168801
*NPI:* 1558715268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHUCKETT, ARIEL**
*Provider ID:* 290708
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 279-0925
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 279-0925
*Provider Gender:* Female
*License number*: A144372
*NPI:* 1245590124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SUTTON, ALICE C**
*Provider ID:* 121249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A146708
*NPI:* 1669815437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUYAMA, JULIE A**
*Provider ID:* 284290
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121-3020
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172670
*NPI:* 1306372800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUYAMA, JULIE A**
*Provider ID:* 284291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172670
*NPI:* 1306372800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMAS, STEVEN J**
*Provider ID:* 64221
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6600
*Fax:* (619) 543-5767
*After Hours Phone:* (619) 543-6600
*Provider Gender:* Male
*License number*: A40379
*NPI:* 1639242589
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMSON, SAMANTHA L**
*Provider ID:* 285174
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149038
*NPI:* 1689013468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**THOMSON, SAMANTHA L**
*Provider ID:* 285176
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149038
*NPI:* 1689013468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TILFORD, SARAH A**
*Provider ID:* 126503
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:*
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A154086
*NPI:* 1194139766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Center, Bakersfield Memorial Hosp, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TITH, TEVY**
*Provider ID:* 73303
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A103521
*NPI:* 1588816086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TRUJILLO, JENNIFER C**
*Provider ID:* 290128
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:* (619) 662-4158
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: 20A8204
*NPI:* 1053407593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**VARON, SHIRA**
*Provider ID:* 64662
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7878
*Fax:* (619) 543-5350
*After Hours Phone:* (619) 543-7878
*Provider Gender:* Female
*License number*: A96901
*NPI:* 1619047545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WASHINGTON, SIERRA L**
*Provider ID:* 124298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6777
*Fax:*
*After Hours Phone:* (619) 543-6777
*Provider Gender:* Female
*License number*: A99781
*NPI:* 1386845162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Portuguese, Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEBER, AKILAH F**
*Provider ID:* 77792
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: C56035
*NPI:* 1760652713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WEBER, AKILAH F**
*Provider ID:* 84961
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 657-8666
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: C56035
*NPI:* 1760652713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, KRISTIN M**
*Provider ID:* 121983
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: A72985
*NPI:* 1992847131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WINESBURG, JENNIFER J**
*Provider ID:* 113743
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114803
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont

Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114804
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2420
*Fax:*
*After Hours Phone:* (619) 515-2420
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114812
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 128427
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**WITTGROVE, PERRI LYNNE L**
*Provider ID:* 282743
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3750 CONVOY ST STE 312
SAN DIEGO, CA 92111-3741

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G56550
*NPI:* 1497752836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc, Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WITTGROVE, PERRI LYNNE L**
*Provider ID:* 282744
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
6719 ALVARADO RD STE 302
SAN DIEGO, CA 92120-5263
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G56550
*NPI:* 1497752836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc, Grossmont Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZHOU, BETH B**
*Provider ID:* 240067
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A162098
*NPI:* 1558748186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ZIEG, ALAN J**
*Provider ID:* 114822
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 25639
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 25640
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 25642
*Board Certified Specialty:* No
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 25642
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 46812

*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

## ONCOLOGY MEDICAL

**FLORES, EDNA I**
*Provider ID:* 115370
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A114373
*NPI:* 1396994604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRAKES, LAURIE A , MD**
*Provider ID:* 241857
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A52663
*NPI:* 1174595144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M 8AM-5PM, TU-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAMON, JOEL M**
*Provider ID:* 68222
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: G28164
*NPI:* 1699721035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**
*Provider ID:* 214188
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A124825
*NPI:* 1760776728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**
*Provider ID:* 260960
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3750 CONVOY ST # 1
SAN DIEGO, CA 92111-3738
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: OPT14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**
*Provider ID:* 260963
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: OPT14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AFSHARI, NATALIE A**
*Provider ID:* 63769
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: C51849
*NPI:* 1538126735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BANSAL, PREETI**
*Provider ID:* 205620
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BAXTER, SALLY L**
*Provider ID:* 272788
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4060 4TH AVE STE 610
SAN DIEGO, CA 92103-2144
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A140952
*NPI:* 1912325184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BAXTER, SALLY L**
*Provider ID:* 272789
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # 101
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A140952
*NPI:* 1912325184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BEAZER, ALEX P**
*Provider ID:* 272803
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169030
*NPI:* 1942662168
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BHATIA, SHAGUN K**
*Provider ID:* 240636
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268751
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F,SU 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BINDER, NICHOLAS R , MD**
*Provider ID:* 268755
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:* (858) 565-8822
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BOKOSKY, JOHN E**
*Provider ID:* 206066
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3939 3RD AVE
SAN DIEGO, CA 92103-3002
*Phone:* (800) 765-2737
*Fax:* (619) 291-6577
*After Hours Phone:* (800) 765-2737
*Provider Gender:* Male
*License number*: G51651
*NPI:* 1245215748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**BOKOSKY, JOHN E**
*Provider ID:* 26909
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
3939 3RD AVE
SAN DIEGO, CA 92103-3002
*Phone:* (619) 296-8525
*Fax:* (619) 291-6577
*After Hours Phone:* (619) 296-8525
*Provider Gender:* Male
*License number*: G51651
*NPI:* 1245215748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BREIDENSTEIN, BRENDA G**
*Provider ID:* 63817
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A121728
*NPI:* 1518118124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BRUMMEL, KIRSTA L**
*Provider ID:* 240635
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A11590
*NPI:* 1003085481
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAMP, ANDREW S**
*Provider ID:* 260020
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A142062
*NPI:* 1326300377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHANG, TOM S , MD**
*Provider ID:* 270361
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:* (858) 565-8822
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Armenian, Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Riverside Community Hosp, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOPLIN, NEIL T**
*Provider ID:* 49233
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
3939 3RD AVE
SAN DIEGO, CA 92103-3002
*Phone:* (619) 765-2737
*Fax:* (619) 291-6577
*After Hours Phone:* (619) 765-2737
*Provider Gender:* Male
*License number*: G57042
*NPI:* 1144205642
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DORAIRAJ, SYRIL K**
*Provider ID:* 63879
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A115934
*NPI:* 1295992550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EZON, ISAAC C**
*Provider ID:* 63897
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A120923
*NPI:* 1801057781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FERREYRA, HENRY A**
*Provider ID:* 63906
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A77921
*NPI:* 1669497822
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Medical Center, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GARFF, KEVIN**
*Provider ID:* 239606
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160988
*NPI:* 1609258920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GOLDBERG, JEFFREY L**
*Provider ID:* 83515
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A124021
*NPI:* 1417158114
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GRANET, DAVID B**
*Provider ID:* 64567
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G77597
*NPI:* 1982629036
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUALTIERI, CHRISTOPHER J , MD**
*Provider ID:* 252313
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3969 4TH AVE STE 300
SAN DIEGO, CA 92103-3165
*Phone:* (619) 688-2648
*Fax:* (619) 688-2626
*After Hours Phone:* (619) 688-2648
*Provider Gender:* Male
*License number*: G73020
*NPI:* 1790769156
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUANG, ALEX A**
*Provider ID:* 63968
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A111999
*NPI:* 1821246141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Huntington Memorial Hospital, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUYNH, PAUL D , MD**
*Provider ID:* 245199
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126-2370
*Phone:* (858) 549-3200
*Fax:* (858) 549-3207
*After Hours Phone:* (858) 549-3200
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUYNH, PAUL D , MD**
*Provider ID:* 245200
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105-8021
*Phone:* (619) 283-1303
*Fax:* (619) 283-1666
*After Hours Phone:* (619) 283-1303
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUYNH, PAUL D**
*Provider ID:* 40045
*Board Certified Specialty:* No
ADVANCED EYE LASER CTR OF CA INC
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105-8021
*Phone:* (619) 283-1303
*Fax:*
*After Hours Phone:* (619) 283-1303
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HUYNH, PAUL D**
*Provider ID:* 40046
*Board Certified Specialty:* No
ADVANCED EYE LASER CTR OF CA INC
10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126-2370
*Phone:* (858) 549-3200
*Fax:* (858) 549-3207
*After Hours Phone:* (858) 549-3200
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JAIN, ATUL K**
*Provider ID:* 206150
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123-3357
*Phone:* (858) 609-7100
*Fax:* (858) 609-7106
*After Hours Phone:* (858) 609-7100
*Provider Gender:* Male
*License number*: A92495
*NPI:* 1194905711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Tri City Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KATZMAN, BARRY, MD**
*Provider ID:* 247366
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M 10AM-6PM, TU-TH 9AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KATZMAN, BARRY**
*Provider ID:* 262422
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M 10AM-6PM, TU-TH 9AM-5PM, F 8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIKKAWA, DON O**
*Provider ID:* 64004
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G65447
*NPI:* 1932202371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KLINE, LANNING B**
*Provider ID:* 239915
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4060 4TH AVE STE 610
SAN DIEGO, CA 92103-2144
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G31557
*NPI:* 1841227477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KORN, BOBBY S**
*Provider ID:* 64015
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A81749
*NPI:* 1174551006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, JEFFREY E**
*Provider ID:* 64032
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A97291
*NPI:* 1801943279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIU, XIONGFEI**
*Provider ID:* 239817
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A144438
*NPI:* 1497135156
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LIU, YUNXIANG**
*Provider ID:* 210803
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A129713
*NPI:* 1770849804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LI, ALEXANDRIA L**
*Provider ID:* 272833
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A168107
*NPI:* 1841652864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269702
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 465-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCGRAW, JOSEPH P , MD**
*Provider ID:* 269704
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, DOUGLAS G**
*Provider ID:* 262442
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G**
*Provider ID:* 262443
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 99211
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

Group-Sd

**MILLER, DOUGLAS G , MD**
*Provider ID:* 99220
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MOAYEDPARDAZI, HAMIDEH S**
*Provider ID:* 99620
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9163
*Fax:*
*After Hours Phone:* (619) 471-9163
*Provider Gender:* Female
*License number*: A137200
*NPI:* 1386933240
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Monterey Park Hospital, Monterey Park Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOLL, ANGELA M**
*Provider ID:* 205510
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOLL, ANGELA M**
*Provider ID:* 52616
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 107891
*Board Certified Specialty:* No
RETINA INSTITUTE OF CA
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A**
*Provider ID:* 107920
*Board Certified Specialty:* No
WEST COAST EYE CARE ASSOCS MED GRP
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:* (858) 565-8822
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORRISON-REYES, JOSHUA A , MD**
*Provider ID:* 269178
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MORTON, ASA D**
*Provider ID:* 44922
*Board Certified Specialty:* No
EYE CARE OF SAN DIEGO MED OFFICE
3939 3RD AVE
SAN DIEGO, CA 92103-3002
*Phone:* (800) 765-2737
*Fax:* (619) 692-6228
*After Hours Phone:* (800) 765-2737
*Provider Gender:* Male
*License number*: G68919
*NPI:* 1780669283

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOVAGHAR, MANSOOR**
*Provider ID:* 216412
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**NAJAFI, DAVID J**
*Provider ID:* 25719
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A68124
*NPI:* 1396715991
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,TU,TH 8:30AM-6PM, W 9AM-5PM, F,SA 8:30AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**NG, DIANA**
*Provider ID:* 270011
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126-2370
*Phone:* (858) 549-3200
*Fax:*
*After Hours Phone:* (858) 549-3200
*Provider Gender:* Female
*License number*: A115695
*NPI:* 1710112941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NUDLEMAN, ERIC D**
*Provider ID:* 205860
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3750 CONVOY ST STE 301
SAN DIEGO, CA 92111-3741
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A131592
*NPI:* 1154582575
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NUDLEMAN, ERIC D**
*Provider ID:* 94672
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3750 CONVOY ST STE 301
SAN DIEGO, CA 92111-3741
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A131592
*NPI:* 1154582575
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OBRIEN, CHRISTOPHER P**
*Provider ID:* 84307
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A116707
*NPI:* 1629263421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OHALLORAN, HENRY S**
*Provider ID:* 205888
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OHALLORAN, HENRY S**
*Provider ID:* 52619
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OZZELLO, DANIEL J**
*Provider ID:* 241984
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161485
*NPI:* 1073992731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PANSARA, MEGHA L**
*Provider ID:* 277166
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PANSARA, MEGHA L**
*Provider ID:* 286602
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, GITANE**
*Provider ID:* 262316
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE**
*Provider ID:* 262321
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268738
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, GITANE, MD**
*Provider ID:* 268743
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262402
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H**
*Provider ID:* 262405
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268798
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PATEL, SARJAN H , MD**
*Provider ID:* 268801
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PHAN, RYAN**
*Provider ID:* 287883
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ

SAN DIEGO, CA 92126-2359
*Phone:* (858) 549-3200
*Fax:* (858) 549-3207
*After Hours Phone:* (858) 549-3200
*Provider Gender:* Male
*License number*: A168006
*NPI:* 1588027213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PRABHU, SUJATA P**
*Provider ID:* 262389
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P**
*Provider ID:* 262392
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268916
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**
*Provider ID:* 268919
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROBINSON, FANE L**
*Provider ID:* 206038
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123-3357
*Phone:* (858) 609-7100
*Fax:* (858) 609-7106
*After Hours Phone:* (858) 609-7100
*Provider Gender:* Male
*License number*: A45990
*NPI:* 1295894368
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBINSON, FANE L**
*Provider ID:* 26659
*Board Certified Specialty:* No
SAN DIEGO RETINA ASSOCIATES A MED CORP
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123-3357
*Phone:* (858) 609-7100
*Fax:*
*After Hours Phone:* (858) 609-7100
*Provider Gender:* Male
*License number*: A45990
*NPI:* 1295894368
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* sdretina.com
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAID, BISHOY**
*Provider ID:* 64170
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A110408
*NPI:* 1861649238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Palomar Heatlh, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SATO, MICHELLE A**
*Provider ID:* 84772
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 543-3000
*Fax:*
*After Hours Phone:* (800) 543-3000
*Provider Gender:* Female
*License number*: A125720
*NPI:* 1225326580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHER, COLIN A**
*Provider ID:* 52622
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center, Grossmont Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHAW, BLAKE R**
*Provider ID:* 40204
*Board Certified Specialty:* No
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: G61394
*NPI:* 1649206541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8:30AM-7:30PM, TU-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**SHAW, BLAKE R**
*Provider ID:* 40204
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: G61394
*NPI:* 1649206541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8:30AM-7:30PM, TU-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center

*IPA:*

**SLIGHT, JOHN R**
*Provider ID:* 64205
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C25107
*NPI:* 1306971239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITH, MARK D**
*Provider ID:* 206136
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123-3357
*Phone:* (858) 609-7100
*Fax:* (858) 609-7106
*After Hours Phone:* (858) 609-7100
*Provider Gender:* Male
*License number*: G55641
*NPI:* 1255490330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SMITH, MARK D**
*Provider ID:* 48364
*Board Certified Specialty:* No
SAN DIEGO RETINA ASSOCIATES A MED CORP
7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123-3357
*Phone:* (858) 609-7100
*Fax:* (858) 609-7106
*After Hours Phone:* (858) 609-7100
*Provider Gender:* Male
*License number*: G55641
*NPI:* 1255490330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Tri City Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* sdretina.com
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TSAI, FRANK F**
*Provider ID:* 92169
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A130661
*NPI:* 1043530777
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TUNG, JONATHAN D**
*Provider ID:* 64232
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A110281
*NPI:* 1649505744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WAINESS, REID M , MD**
*Provider ID:* 254762
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (800) 898-2020
*Fax:* (844) 897-3788
*After Hours Phone:* (800) 898-2020
*Provider Gender:* Male
*License number*: A108766
*NPI:* 1396935979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 5/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WANG, AARON S**
*Provider ID:* 101347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A136483
*NPI:* 1790078129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WU, CHRIS Y**
*Provider ID:* 239583
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161633
*NPI:* 1265829345
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Santa Barbara Cottage Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YAMAGATA, ASMANEH S**
*Provider ID:* 84254
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A124917
*NPI:* 1174754022
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Farsi, French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZABANEH, ALEXANDER I**
*Provider ID:* 262171
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (760) 564-2500
*Fax:* (858) 565-2449
*After Hours Phone:* (760) 564-2500
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZABANEH, ALEXANDER I , MD**
*Provider ID:* 269122
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 464-5526
*After Hours Phone:* (619) 697-4600
*Provider Gender:* Male
*License number*: A154697
*NPI:* 1346687233
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZHU, FEILIN A**
*Provider ID:* 99924
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A135422
*NPI:* 1497045041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## ORAL MAXILLOFACIAL SURGEON

**BERGER, JOEL S**
*Provider ID:* 205659
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8008 FROST ST STE 311
SAN DIEGO, CA 92123-4288
*Phone:* (858) 292-5175
*Fax:* (858) 292-0305
*After Hours Phone:* (858) 292-5175
*Provider Gender:* Male
*License number*: G45427
*NPI:* 1841218229

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 7AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DENTICO-OLIN, MARC**
*Provider ID:* 273663
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
501 WASHINGTON ST STE 710
SAN DIEGO, CA 92103-2231
*Phone:* (619) 295-6774
*Fax:* (619) 295-6776
*After Hours Phone:* (619) 295-6774
*Provider Gender:* Male
*License number*: A143794
*NPI:* 1629205174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OSTEOPATHIC MANIPULATIVE THERAPY

**PORTERA, ARIEL M**
*Provider ID:* 273321
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A16832
*NPI:* 1841721784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

**BRIGGER, MATTHEW T**
*Provider ID:* 272564
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Male
*License number*: C55473
*NPI:* 1952490807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KARI, ELINA**
*Provider ID:* 272524
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232

*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A116411
*NPI:* 1780860536
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Pih Health Hospital - Whittier, Keck Hospital Of Usc, Usc Kenneth Norris Jr Cancer Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MAGIT, ANTHONY E**
*Provider ID:* 272767
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (855) 309-7701
*Fax:* (858) 966-4062
*After Hours Phone:* (855) 309-7701
*Provider Gender:* Male
*License number*: G71859
*NPI:* 1891858379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NATION, JAVAN J**
*Provider ID:* 272558
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Male
*License number*: A125279
*NPI:* 1043478902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## OTOLARYNGOLOGY

**BRUMUND, KEVIN T**
*Provider ID:* 41180
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A91099
*NPI:* 1033193669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CALIFANO, JOSEPH A**
*Provider ID:* 112511
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: G138926
*NPI:* 1881652972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CALZADA, AUDREY P**
*Provider ID:* 289991
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121-1700
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Female
*License number*: A107965
*NPI:* 1619113230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARVALHO, DANIELA**
*Provider ID:* 205628
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 109
SAN DIEGO, CA 92123-4226
*Phone:* (858) 309-7702
*Fax:*
*After Hours Phone:* (858) 309-7702
*Provider Gender:* Female
*License number*: A94239
*NPI:* 1154492916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CARVALHO, DANIELA**
*Provider ID:* 272557
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A94239
*NPI:* 1154492916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FRIEDMAN, RICK A**
*Provider ID:* 121290
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: G67571
*NPI:* 1982708558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital Los Angeles, Childrens Hosp Of Los Angeles, South Coast Global Medical Center Inc, Anaheim Global Medical Center, Orange County Global Medical Center Inc, Chapman Global Medical Center Inc, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIESEN, TZYYNONG L**
*Provider ID:* 272604
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A152327
*NPI:* 1952740177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GAUDREAU, PHILIP A**
*Provider ID:* 272556
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Male
*License number*: A149585
*NPI:* 1326207077
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Naval Hsp Camp Pendleton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GILANI, SAPIDEH**
*Provider ID:* 112447
*Board Certified Specialty:* Yes
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: G80720
*NPI:* 1003825571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GREENE, JACQUELINE J**
*Provider ID:* 272959
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A161242

*NPI:* 1144583931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JIANG, WEN A**
*Provider ID:* 272660
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A99198
*NPI:* 1659305753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEUIN, SHELBY C**
*Provider ID:* 272637
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A112930
*NPI:* 1124230909
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, QUYEN T**
*Provider ID:* 64110
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: A78948
*NPI:* 1477524452
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OROSCO, RYAN K**
*Provider ID:* 119637
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6631
*Fax:*
*After Hours Phone:* (619) 543-6631
*Provider Gender:* Male
*License number*: A120515
*NPI:* 1427290279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIEDLER, KIERSTEN L , MD**
*Provider ID:* 256203
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5405 OBERLIN DR
SAN DIEGO, CA 92121-1700
*Phone:* (858) 909-0770
*Fax:* (858) 909-0880
*After Hours Phone:* (858) 909-0770
*Provider Gender:* Female
*License number*: A135480
*NPI:* 1437536216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sutter Roseville Medical Center, Mercy General Hospital, Sharp Memorial Hospital, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WOO, LINDA N**
*Provider ID:* 118801
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: A121814
*NPI:* 1467720656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## PATHOLOGY ANATOMIC

**DATNOW, BRIAN**
*Provider ID:* 275737
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A31095
*NPI:* 1609832633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FADARE, OLUWOLE**
*Provider ID:* 275705
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-5764
*Fax:* (619) 543-5249
*After Hours Phone:* (619) 543-5764
*Provider Gender:* Male
*License number*: C131462
*NPI:* 1619955804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HANSEN, LAWRENCE A**
*Provider ID:* 275767
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-5764
*Fax:*
*After Hours Phone:* (619) 543-5764
*Provider Gender:* Male
*License number*: G62538
*NPI:* 1760407498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARAST, MANA M**
*Provider ID:* 275888
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A102496
*NPI:* 1629163100
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POWELL, HENRY C**
*Provider ID:* 275778
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A25597
*NPI:* 1295778348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VALASEK, MARK A**
*Provider ID:* 275836
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A127165
*NPI:* 1588808448
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**WONG, RICHARD L**
*Provider ID:* 243202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121-1504
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A136239
*NPI:* 1275084295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PATHOLOGY CLINICAL

**KELNER, MICHAEL J**
*Provider ID:* 247601
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G48254
*NPI:* 1174679849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KELNER, MICHAEL J**
*Provider ID:* 247602
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
10300 CAMPUS POINT DR
SAN DIEGO, CA 92121-1504
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G48254
*NPI:* 1174679849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE DZUNG, THE**
*Provider ID:* 247599
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G71291
*NPI:* 1770526931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE DZUNG, THE**
*Provider ID:* 247600
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

10300 CAMPUS POINT DR
SAN DIEGO, CA 92121-1504
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G71291
*NPI:* 1770526931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PEDIATRIC ALLERGY / IMMUNOLOGY

**COHEN, GARY A**
*Provider ID:* 206021
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
9833 PACIFIC HEIGHTS BLVD STE J
SAN DIEGO, CA 92121-4707
*Phone:* (858) 458-0940
*Fax:* (858) 458-3688
*After Hours Phone:* (858) 458-0940
*Provider Gender:* Male
*License number*: G43070
*NPI:* 1346424462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Heatlh
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 7:30AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COLLINS, CATHLEEN A**
*Provider ID:* 206083
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A122537
*NPI:* 1205128089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GENG, BOB**
*Provider ID:* 205823
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Male
*License number*: A121364
*NPI:* 1356570758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GENG, BOB**
*Provider ID:* 205824
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Male
*License number*: A121364
*NPI:* 1356570758
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GREINER, ALEXANDER N**
*Provider ID:* 205697
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 966-4900
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 966-4900
*Provider Gender:* Male
*License number*: A77327
*NPI:* 1609801299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOFFMAN, HAROLD M**
*Provider ID:* 206004
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Male
*License number*: A53101
*NPI:* 1326074261
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAUBACH, SUSAN S**
*Provider ID:* 205803
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 966-4900
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 966-4900
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAUBACH, SUSAN S**
*Provider ID:* 205804
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A114061
*NPI:* 1366656209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEIBEL, SYDNEY A**
*Provider ID:* 205724
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Male
*License number*: A116427
*NPI:* 1861666919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEIBEL, SYDNEY A**
*Provider ID:* 205725
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Male
*License number*: A116427
*NPI:* 1861666919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEONARD, STEPHANIE A**
*Provider ID:* 205642
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5961
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-5961
*Provider Gender:* Female
*License number*: A117476
*NPI:* 1003074469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PENDLETON, JENNIFER J**
*Provider ID:* 291200
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2655 CAMINO DEL RIO N STE 425
SAN DIEGO, CA 92108-1691
*Phone:* (619) 286-6687
*Fax:* (619) 286-6695
*After Hours Phone:* (619) 286-6687
*Provider Gender:* Female
*License number*: A80748
*NPI:* 1821054446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STONE, BRIAN D**
*Provider ID:* 206333
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
2655 CAMINO DEL RIO N STE 120
SAN DIEGO, CA 92108-1633
*Phone:* (619) 286-6687
*Fax:* (619) 286-6695
*After Hours Phone:* (619) 286-6687
*Provider Gender:* Male
*License number*: G88917
*NPI:* 1013907286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M,F 7:30AM-4PM, TU,TH 7:30AM-6PM, W 7:30AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALTERS, KRISTEN M**
*Provider ID:* 206255
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 966-4900
*Fax:* (858) 966-4051
*After Hours Phone:* (858) 966-4900
*Provider Gender:* Female
*License number*: A129955
*NPI:* 1437442308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC CARDIOLOGY

**BASSI, HARJOT K**
*Provider ID:* 205768
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A137189
*NPI:* 1891025565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DAVIS, CHRISTOPHER K**
*Provider ID:* 51909
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A100260
*NPI:* 1760691950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DAVIS, CHRISTOPHER K**
*Provider ID:*
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A100260
*NPI:* 1760691950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOMICO, MICHELE B**
*Provider ID:* 216855
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A83525
*NPI:* 1932305000
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Foothill Regional Medical Center, Hoag Memorial Hospital Presbyterian, South Coast Global Medical Center Inc, Hoag Hospital Irvine, Anaheim Global Medical Center, Orange County Global Medical Center Inc, Chapman Global Medical Center Inc, St Joseph Hospital Orange, Childrens Hospital At Mission, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DO, THOMAS B**
*Provider ID:* 206162
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 366-5855
*Fax:* (858) 966-7423
*After Hours Phone:* (858) 366-5855
*Provider Gender:* Male
*License number*: A107618
*NPI:* 1053545376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital At Mission, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EL SAID, HOWAIDA G**
*Provider ID:* 205903
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 571-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A93820
*NPI:* 1619030194
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EL SAID, HOWAIDA G**
*Provider ID:* 51913
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A93820
*NPI:* 1619030194
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FAGAN, BRIAN T**
*Provider ID:* 205346
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A82153
*NPI:* 1740308550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FAGAN, BRIAN T**
*Provider ID:* 68145
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

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*Phone:* (858) 576-1700
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A82153
*NPI:* 1740308550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOMEZ AROSTEGUI, JULIANA**
*Provider ID:* 284126
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A76083
*NPI:* 1962439141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Santa Clara Valley Med Ctr, Good Samaritan Hospital, Lucile Salter Packard Childrens Hosp, El Camino Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GROSSFELD, PAUL D**
*Provider ID:* 205615
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 571-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A52799
*NPI:* 1225109085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GROSSFELD, PAUL D**
*Provider ID:* 51917
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A52799
*NPI:* 1225109085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**GUPTA, AAMISHA E**
*Provider ID:* 119948
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A151188
*NPI:* 1356639595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUPTA, AAMISHA E**
*Provider ID:* 205884
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A151188
*NPI:* 1356639595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HALEY, JESSICA E**
*Provider ID:* 118754
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A125568
*NPI:* 1023329885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HALEY, JESSICA E**
*Provider ID:* 205687
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A125568
*NPI:* 1023329885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEGDE, SANJEET R**

*Provider ID:* 206079
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 5003 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 309-6300
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 309-6300
*Provider Gender:* Male
*License number*: A112326
*NPI:* 1306036884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEGDE, SANJEET R**
*Provider ID:* 261963
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A112326
*NPI:* 1306036884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCANDLESS, RACHEL T**
*Provider ID:* 206147
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-4912
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-4912
*Provider Gender:* Female
*License number*: A131801
*NPI:* 1487821815
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCANDLESS, RACHEL T**
*Provider ID:* 86645
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY BLDG 24 FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5980
*Fax:*
*After Hours Phone:* (858) 966-5980
*Provider Gender:* Female
*License number*: A131801
*NPI:* 1487821815
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOORE, JOHN W**

*Provider ID:* 51919
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: G71756
*NPI:* 1831203124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego, Grossmont Hospital, Childrens Hosp And Resrch Ctr At Oakland, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MORCHI, GIRA S**
*Provider ID:* 205369
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 571-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A103210
*NPI:* 1386790996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pih Health Hospital - Whittier, Childrens Hospital Of Orange County, Mission Hospital Regional Med Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NARAYAN, HARI K**
*Provider ID:* 112874
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A144821
*NPI:* 1376705707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NARAYAN, HARI K**
*Provider ID:* 205349
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A144821
*NPI:* 1376705707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**PERRY, JAMES C**
*Provider ID:* 205695
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: G76012
*NPI:* 1861474561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PERRY, JAMES C**
*Provider ID:* 51921
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: G76012
*NPI:* 1861474561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**POUR MOLKARA, DELARAM**
*Provider ID:* 262423
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2333 CAMINO DEL RIO S STE 340
SAN DIEGO, CA 92108-3615
*Phone:* (619) 501-4015
*Fax:* (619) 501-2977
*After Hours Phone:* (619) 501-4015
*Provider Gender:* Female
*License number*: A94039
*NPI:* 1306074893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRINTZ, BETH J**
*Provider ID:* 205655
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: G88440
*NPI:* 1790756518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRINTZ, BETH J**
*Provider ID:* 51928
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: G88440
*NPI:* 1790756518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAO, ROHIT P**
*Provider ID:* 206122
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: C54276
*NPI:* 1063452779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAH, SERENA P**
*Provider ID:* 206215
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7423
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A113704
*NPI:* 1295042653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SILVA SEPULVEDA, JOSE A**
*Provider ID:* 119314
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A120119
*NPI:* 1417222472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**SILVA SEPULVEDA, JOSE A**
*Provider ID:* 206297
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A120119
*NPI:* 1417222472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STRINGER, JESSE D**
*Provider ID:* 206296
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A120899
*NPI:* 1972745388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUN, HEATHER Y**
*Provider ID:* 206146
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 571-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A107943
*NPI:* 1811173883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAUGHN, GABRIELLE R**
*Provider ID:* 102157
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A109772
*NPI:* 1891004461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAUGHN, GABRIELLE R**
*Provider ID:* 205643
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7423
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A109772
*NPI:* 1891004461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WERHO, DAVID K**
*Provider ID:* 206316
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A135895
*NPI:* 1235391863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, MATTHEW R**
*Provider ID:* 101011
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A109398
*NPI:* 1831423250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WILLIAMS, MATTHEW R**
*Provider ID:* 206287
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7423
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A109398
*NPI:* 1831423250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC DERMATOLOGY

**BARRIO, VICTORIA R**
*Provider ID:* 242321

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A91617
*NPI:* 1598836355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BARRIO, VICTORIA R**
*Provider ID:* 253507
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: A91617
*NPI:* 1598836355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BOIKO, SUSAN**
*Provider ID:* 242304
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: G41069
*NPI:* 1053488981
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC EMERGENCY MEDICINE

**ABE, NAOMI**
*Provider ID:* 205684
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A137946
*NPI:* 1821387572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AMINLARI, AMIR**
*Provider ID:* 205574

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A94415
*NPI:* 1316964380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AUSTIN PAGE, LUKAS R**
*Provider ID:* 205589
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A121721
*NPI:* 1326301862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRYL, AMY W**
*Provider ID:* 205967
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A115044
*NPI:* 1497079487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BUITENHUYS, CASEY W**
*Provider ID:* 206072
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A101203
*NPI:* 1578761409
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital, Regional Medical Ctr Of San Jose, Rady Childrens Hospital San Diego, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**CAMPBELL, SARA S**
*Provider ID:* 206335
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A135089
*NPI:* 1841687563
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAPELLA, MARINA N**
*Provider ID:* 205721
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A125409
*NPI:* 1265711709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHANG, ELIZABETH L**
*Provider ID:* 205649
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A141942
*NPI:* 1962745745
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHAO, DAVID**
*Provider ID:* 205822
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A130713
*NPI:* 1215120704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CONRAD, HEATHER B**
*Provider ID:* 205960
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A84564
*NPI:* 1205813409
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Sharp Chula Vista Med Ctr, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COYNE, CHRISTOPHER J**
*Provider ID:* 206117
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A118054
*NPI:* 1043590169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEL RE, ANGELO**
*Provider ID:* 206081
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A129572
*NPI:* 1275761371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DONOFRIO, JOY J**
*Provider ID:* 205375
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: 20A11581
*NPI:* 1740571165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Southwest Healthcare System Wildomar,

Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EKPENYONG, ATIM O**
*Provider ID:* 205722
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A134969
*NPI:* 1932318565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ETKIN, MARC L**
*Provider ID:* 205897
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A75092
*NPI:* 1194896852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GARDINER, MICHAEL A**
*Provider ID:* 205728
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A124399
*NPI:* 1205178712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GIBONEY, JENNIFER C**
*Provider ID:* 205925
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A130768
*NPI:* 1275895849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUTGLASS, DAVID J**
*Provider ID:* 205751
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: G77971
*NPI:* 1952472706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Providence Little Co Of Mary Med Ctr Torrance, Providence St Joseph Hospital, California Pacific Med Ctr, Southwest Healthcare System Wildomar, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HERSKOVITZ, SCOTT A**
*Provider ID:* 261045
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A155234
*NPI:* 1225393499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOECKER, CYNTHIA C**
*Provider ID:* 206026
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A53189
*NPI:* 1770654527
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUNTER, WENDY L**
*Provider ID:* 206278
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A94607
*NPI:* 1053515551
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ISHIMINE, PAUL T**
*Provider ID:* 206236
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A79142
*NPI:* 1437184421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JOSHI, WEENA E**
*Provider ID:* 262232
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A91208
*NPI:* 1376862177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JOSHI, WEENA E**
*Provider ID:* 262234
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A91208
*NPI:* 1376862177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANEGAYE, JOHN T**
*Provider ID:* 206153
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: G67670
*NPI:* 1689745432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANTHARIA, TINA H**
*Provider ID:* 206291
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KANTHARIA, TINA H**
*Provider ID:* 262247
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LUCIO, SIMON J**
*Provider ID:* 206040
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: G72884
*NPI:* 1306917158
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**METCALF, ASHLEY M**
*Provider ID:* 205348
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: 20A14115
*NPI:* 1073740205
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MINKA, GENEVIEVE M**
*Provider ID:* 205334
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A77841
*NPI:* 1689646689
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MURRAY, MATTHEW P**
*Provider ID:* 205759
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A115958
*NPI:* 1215103023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**OZCAN, ALI K**
*Provider ID:* 287923
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A162669
*NPI:* 1265867683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Loma Linda University Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PADE, KATHRYN H**
*Provider ID:* 262411
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A126029
*NPI:* 1215375183
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, BEENA H**
*Provider ID:* 205583
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A98529
*NPI:* 1366612848
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRITCHARD, AMY M**
*Provider ID:* 205973
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: 20A13216
*NPI:* 1710140819
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RANASURIYA, DUNISHA G**
*Provider ID:* 216970
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: C161114
*NPI:* 1740468057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RATNAYAKE, KRISTIN J**
*Provider ID:* 206034
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 5075 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A113599
*NPI:* 1679716658
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIVERA, GASPAR**
*Provider ID:* 205979
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A132585
*NPI:* 1053754499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SALEH, FAREED R**
*Provider ID:* 206216
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A149736
*NPI:* 1366691115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWARTZ, KRISTY L**
*Provider ID:* 206169
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A121299
*NPI:* 1497080808
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TAMAS, VANESSA L**
*Provider ID:* 206212
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A101991
*NPI:* 1326225368
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Childrens Hosp Of Los Angeles, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TRAUT, JOEL**
*Provider ID:* 205475
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: C51079
*NPI:* 1982792065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ULRICH, STACEY L**
*Provider ID:* 205847
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8036
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8036
*Provider Gender:* Female
*License number*: A76660
*NPI:* 1619049236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAIDYA, KAMALA**
*Provider ID:* 205811
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A124814
*NPI:* 1083840920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VANE, JACKSON**
*Provider ID:* 205883
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A120394
*NPI:* 1952608580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VARGAS, JACLYN**
*Provider ID:* 285934
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A144447
*NPI:* 1619359718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac Usc Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VARGAS, JACLYN**
*Provider ID:* 285935
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-8479
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A144447
*NPI:* 1619359718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac Usc Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAYNGORTIN, TATYANA**
*Provider ID:* 263012
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A128532
*NPI:* 1578967907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WAI, SHANNON S**
*Provider ID:* 205640
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 5075 MC
SAN DIEGO, CA 92123-4223

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*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A122459
*NPI:* 1528395282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WANG, YVETTE L**
*Provider ID:* 263416
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A132451
*NPI:* 1710321278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YAPHOCKUN, KAREN K**
*Provider ID:* 206184
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: 20A13298
*NPI:* 1861880817
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ENDOCRINOLOGY

**DEMETERCO BERGGREN, CARLA**
*Provider ID:* 206161
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A98629
*NPI:* 1619130655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOTTSCHALK, MICHAEL E**
*Provider ID:* 205777
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Male
*License number*: G55424
*NPI:* 1033280888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, JANE J**
*Provider ID:* 206194
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: C51620
*NPI:* 1235200098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLEIN, KAREN O**
*Provider ID:* 206269
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: G76034
*NPI:* 1760553515
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARINKOVIC, MAJA**
*Provider ID:* 206139
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A95251
*NPI:* 1053469767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWFIELD, RON S**
*Provider ID:* 205372
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Male
*License number*: A73875
*NPI:* 1679644421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATTERSON, MARY E**
*Provider ID:* 206059
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A104058
*NPI:* 1912112020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PHILLIPS, SUSAN A**
*Provider ID:* 205579
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-6227
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: G85921
*NPI:* 1588735336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VARGAS TRUJILLO, MARCELA**
*Provider ID:* 205605
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4032
*Fax:* (858) 966-4032
*After Hours Phone:* (858) 966-4032
*Provider Gender:* Female
*License number*: A139213
*NPI:* 1952534091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC GASTROENTEROLOGY

**CHU, ANGELA L**
*Provider ID:* 284173
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A146137
*NPI:* 1013396126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOHIL, RANJAN**
*Provider ID:* 205418
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 966-8592
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A73858
*NPI:* 1396816146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOYAL, NIDHI P**
*Provider ID:* 205598
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A111133
*NPI:* 1598029332
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWTON, KIMBERLY P**
*Provider ID:* 205361
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A101980
*NPI:* 1912071655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ORDONEZ NARANJO, MARIA P**

*Provider ID:* 205582
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A95983
*NPI:* 1275764458
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWARZ, KATHLEEN B**
*Provider ID:* 125422
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: G152263
*NPI:* 1265465918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWARZ, KATHLEEN B**
*Provider ID:* 205885
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: G152263
*NPI:* 1265465918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWIMMER, JEFFREY B**
*Provider ID:* 205414
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: A60461
*NPI:* 1932270782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SIVAGNANAM, MAMATA**
*Provider ID:* 206323
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH

NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A86863
*NPI:* 1932328747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YU, ELIZABETH L**
*Provider ID:* 206312
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 SOUTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:* (858) 560-6798
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A102372
*NPI:* 1538485586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC HEMATOLOGY / ONCOLOGY

**ANDERSON, ERIC J**
*Provider ID:* 205705
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A91428
*NPI:* 1346312964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ARISTIZABAL, MARIA P**
*Provider ID:* 205762
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A127586
*NPI:* 1154662583
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRIGGS, BENJAMIN J**

*Provider ID:* 274689
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A148562
*NPI:* 1952695777
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BUSH, KELLY A**
*Provider ID:* 274408
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A125141
*NPI:* 1073831079
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOO, SUN H**
*Provider ID:* 206115
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2-WEST
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A112219
*NPI:* 1700047628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DING, HILDA H**
*Provider ID:* 206173
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A144295
*NPI:* 1780813923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ELSTER, JENNIFER D**
*Provider ID:* 205769
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A144876
*NPI:* 1588866115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GANESAN, ANUSHA P**
*Provider ID:* 205882
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A147249
*NPI:* 1982091740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GLOUDE, NICHOLAS J**
*Provider ID:* 205927
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A119146
*NPI:* 1447527833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, JENNY M**
*Provider ID:* 206235
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2-WEST
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A80257
*NPI:* 1255402012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUO, DENNIS J**
*Provider ID:* 205433
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A84128

*NPI:* 1750492146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBERTS, WILLIAM D**
*Provider ID:* 206045
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2-WEST
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A46026
*NPI:* 1245302561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHIFF, DEBORAH E**
*Provider ID:* 206127
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: G68457
*NPI:* 1922179779
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THORNBURG, COURTNEY D**
*Provider ID:* 206165
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: C55985
*NPI:* 1538222310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WONG, VICTOR**
*Provider ID:* 206149
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*License number*: A119433
*NPI:* 1154692473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YOON, JANET M**
*Provider ID:* 206270
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A81191
*NPI:* 1518166966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YU, JENNIFER C**
*Provider ID:* 206148
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A110445
*NPI:* 1326315599
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZAGE, PETER E**
*Provider ID:* 206315
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: C141853
*NPI:* 1912003161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC INFECTIOUS DISEASES

**BRADLEY, JOHN S**
*Provider ID:* 205983
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: G35234
*NPI:* 1740351592
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CANNAVINO, CHRISTOPHER R**
*Provider ID:* 205358
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: A86636
*NPI:* 1831260595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CANNAVINO, CHRISTOPHER R**
*Provider ID:* 205359
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 5041
SAN DIEGO, CA 92123-4223
*Phone:* (885) 966-7785
*Fax:*
*After Hours Phone:* (885) 966-7785
*Provider Gender:* Male
*License number*: A86636
*NPI:* 1831260595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHRISTMAN, JAMESINA C**
*Provider ID:* 259978
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A93574
*NPI:* 1538372032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/19
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHRISTMAN, JAMESINA C**
*Provider ID:* 259980
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A93574
*NPI:* 1538372032
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/19
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 1PM-10PM, M-F 4PM-10PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MILDER, EDMUND A**
*Provider ID:* 289138
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: C175758
*NPI:* 1760460026
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PONG, ALICE**
*Provider ID:* 205626
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Female
*License number*: G75974
*NPI:* 1568533313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPECTOR, STEPHEN A**
*Provider ID:* 206301
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-8089
*Fax:* (619) 298-2698
*After Hours Phone:* (619) 543-8089
*Provider Gender:* Male
*License number*: G32467
*NPI:* 1790857316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPECTOR, STEPHEN A**
*Provider ID:* 206302
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Male
*License number*: G32467
*NPI:* 1790857316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TREMOULET, ADRIANA H**
*Provider ID:* 205392
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 246-0157
*Fax:* (858) 246-0156
*After Hours Phone:* (858) 246-0157
*Provider Gender:* Female
*License number*: A76788
*NPI:* 1013015445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TREMOULET, ADRIANA H**
*Provider ID:* 205393
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:* (858) 966-8658
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Female
*License number*: A76788
*NPI:* 1013015445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC NEPHROLOGY

**BENADOR, NADINE M**
*Provider ID:* 205908
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:*
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: A84483
*NPI:* 1366513129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

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*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CARTER, CAITLIN E**
*Provider ID:* 205641
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: A93600
*NPI:* 1255514618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUNTA, SUJANA S**
*Provider ID:* 205947
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A109056
*NPI:* 1932304342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**INGULLI, ELIZABETH G**
*Provider ID:* 206322
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST # 10
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Female
*License number*: G87981
*NPI:* 1811919244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIMBALL, AMY L**
*Provider ID:* 262149
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A87696
*NPI:* 1932255668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Mercy Hospital Chula Vista, Southwest Healthcare System Murrieta, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NOURBAKHSH, NOUREDDIN D**
*Provider ID:* 205604
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Male
*License number*: 20A11746
*NPI:* 1801082003
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PANNELL, JEFFREY S**
*Provider ID:* 262369
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male
*License number*: A120161
*NPI:* 1346426996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**PERENS, ELLIOT A**
*Provider ID:* 205726
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Male
*License number*: A108840
*NPI:* 1922328947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YORGIN, PETER D**
*Provider ID:* 206225
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST # 1 ENTRANCE
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8052
*Fax:* (858) 966-7789
*After Hours Phone:* (858) 966-8052
*Provider Gender:* Male
*License number*: G64029
*NPI:* 1023039831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC ORTHOPEDICS

**CHAMBERS, HENRY G**
*Provider ID:* 205793
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 576-5999
*Provider Gender:* Male
*License number*: A44985
*NPI:* 1205907060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHAMBERS, HENRY G**
*Provider ID:* 217680
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-1700
*Provider Gender:* Male
*License number*: A44985
*NPI:* 1205907060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMONDS, ERIC W**
*Provider ID:* 205492
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A86165
*NPI:* 1013048412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMONDS, ERIC W**
*Provider ID:* 205494
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Male
*License number*: A86165
*NPI:* 1013048412
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMONDS, ERIC W**
*Provider ID:* 205495
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A86165
*NPI:* 1013048412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMONDS, ERIC W**
*Provider ID:* 260841
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A86165
*NPI:* 1013048412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWTON, PETER O**
*Provider ID:* 242970
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A45168
*NPI:* 1023189883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Doctors Hospital Of Riverside Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PENNOCK, ANDREW T**
*Provider ID:* 262451
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A90049
*NPI:* 1619151685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRING, MAYA E**
*Provider ID:* 205779
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A77003
*NPI:* 1104997964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRING, MAYA E**
*Provider ID:* 205781
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A77003
*NPI:* 1104997964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RICKERT, KATHLEEN D**
*Provider ID:* 205977
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A140439
*NPI:* 1023308921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**UPASANI, VIDYADHAR V**
*Provider ID:* 205914
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A97603
*NPI:* 1548417652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**UPASANI, VIDYADHAR V**
*Provider ID:* 205916
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A97603
*NPI:* 1548417652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**UPASANI, VIDYADHAR V**
*Provider ID:* 260953
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A97603
*NPI:* 1548417652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALLACE, CHARLES D**
*Provider ID:* 205661
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALLACE, CHARLES D**
*Provider ID:* 205662
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALLACE, CHARLES D**
*Provider ID:* 205663
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: G67953
*NPI:* 1144229600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC PATHOLOGY

**MO, JUN Q**
*Provider ID:* 205432
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 5007 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5944
*Fax:* (858) 966-8087
*After Hours Phone:* (858) 966-5944
*Provider Gender:* Female
*License number*: A72760
*NPI:* 1952402786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NEWBURY, ROBERT O**
*Provider ID:* 205613
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5944
*Fax:* (858) 966-8087
*After Hours Phone:* (858) 966-5944
*Provider Gender:* Male
*License number*: A49890
*NPI:* 1205907961
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TUCKER, SUZANNE M**
*Provider ID:* 205378
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5944
*Fax:* (858) 966-8087
*After Hours Phone:* (858) 966-5944
*Provider Gender:* Female
*License number*: A149311
*NPI:* 1326210527
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC PULMONOLOGY

**AKONG, KATHRYN A**
*Provider ID:* 205673
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A96565
*NPI:* 1912169061
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATTACHARJEE, RAKESH**
*Provider ID:* 102439
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: C138339
*NPI:* 1588781173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATTACHARJEE, RAKESH**
*Provider ID:* 205950
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Male
*License number*: C138339
*NPI:* 1588781173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BHATTACHARJEE, RAKESH**
*Provider ID:* 246060
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: C138339
*NPI:* 1588781173
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CERNELC KOHAN, MATEJKA**
*Provider ID:* 243041
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A116947
*NPI:* 1871752451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CERNELC KOHAN, MATEJKA**
*Provider ID:* 243042
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A116947
*NPI:* 1871752451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHENG, EULALIA R**
*Provider ID:* 205827
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: C142765
*NPI:* 1750394862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUONG, THU A**
*Provider ID:* 260354
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 569-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUONG, THU A**
*Provider ID:* 260356
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:* (619) 283-1614
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANDEO GUTIERREZ, JEREMY S**
*Provider ID:* 284176
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:* (858) 569-9052
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Male
*License number*: A172945
*NPI:* 1255750360
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANDEO GUTIERREZ, JEREMY S**
*Provider ID:* 284177
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Male
*License number*: A172945
*NPI:* 1255750360
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LESSER, DANIEL J**
*Provider ID:* 205890
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 569-5847
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Male
*License number*: A89883
*NPI:* 1427274679
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LIM, MEERANA**
*Provider ID:* 206039
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 569-5847
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A79998
*NPI:* 1073684833
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAO, APARNA R**
*Provider ID:* 118515
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:*
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: C54275
*NPI:* 1649222340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAO, APARNA R**
*Provider ID:* 206123
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:* (858) 569-9052
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: C54275
*NPI:* 1649222340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAO, APARNA R**
*Provider ID:* 206124
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-5847
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: C54275
*NPI:* 1649222340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Rady

Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RYU, JULIE**
*Provider ID:* 206218
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2 NORTH
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 569-5847
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: A94343
*NPI:* 1568533321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TANTISIRA, KELAN G**
*Provider ID:* 277183
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:* (858) 569-9052
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Male
*License number*: G67143
*NPI:* 1760420434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRIC RADIOLOGY

**GROVER, RYAN S**
*Provider ID:* 206104
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7400
*Fax:*
*After Hours Phone:* (858) 549-7400
*Provider Gender:* Male
*License number*: A81474
*NPI:* 1346251287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PUGMIRE, BRIAN S**
*Provider ID:* 285401
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138998
*NPI:* 1609190578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PUGMIRE, BRIAN S**
*Provider ID:* 285403
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138998
*NPI:* 1609190578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Valley Childrens Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PEDIATRIC RHEUMATOLOGY

**CHANG, JOHANNA C**
*Provider ID:* 246394
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8082
*Fax:*
*After Hours Phone:* (858) 966-8082
*Provider Gender:* Female
*License number*: A98479
*NPI:* 1821242199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHIRASEVEENUPRAPUND, PETER**
*Provider ID:* 205936
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: A68277
*NPI:* 1467518209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHIRASEVEENUPRAPUND, PETER**
*Provider ID:* 283268
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8082
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-8082
*Provider Gender:* Male
*License number*: A68277
*NPI:* 1467518209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SHEETS, ROBERT M**
*Provider ID:* 255900
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-8082
*Fax:* (858) 966-6791
*After Hours Phone:* (858) 966-8082
*Provider Gender:* Male
*License number*: G31567
*NPI:* 1013088772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PEDIATRICS

**ABE, NAOMI**
*Provider ID:* 112862
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A137946
*NPI:* 1821387572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AJAYI, TOLUWALASE A**
*Provider ID:* 205719
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A121454
*NPI:* 1316175912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ALAGIRI, MADHU**
*Provider ID:* 206387
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: G83089
*NPI:* 1619083961
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AMATYA, SUDHA**
*Provider ID:* 122458
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: A51563
*NPI:* 1790830511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**AYSON, NICOLE M**
*Provider ID:* 110023
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5803
*Fax:*
*After Hours Phone:* (858) 966-5803
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AYSON, NICOLE M**
*Provider ID:* 110025
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AYSON, NICOLE M**
*Provider ID:* 110512
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego- City College
*IPA:* Rady Childrens Health Network

**AYSON, NICOLE M**
*Provider ID:* 205685
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5803
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5803
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**AYSON, NICOLE M**
*Provider ID:* 205686
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A128091
*NPI:* 1013278704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BAI-TONG, SHIYU S**
*Provider ID:* 283285
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A155419
*NPI:* 1528454188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BEAUCHAMP WALTERS, JULIA**
*Provider ID:* 270063
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A60054
*NPI:* 1457420713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BEAUCHAMP WALTERS, JULIA**
*Provider ID:* 52775
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A60054
*NPI:* 1457420713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BENADOR, NADINE M**
*Provider ID:* 52563
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (999) 999-9999
*Fax:*
*After Hours Phone:* (999) 999-9999
*Provider Gender:* Female
*License number*: A84483
*NPI:* 1366513129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMERON, MELISSA A**
*Provider ID:* 205965
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A125249
*NPI:* 1902983752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMERON, MELISSA A**
*Provider ID:* 79851
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A125249
*NPI:* 1902983752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**CANTU, ALICIA O**
*Provider ID:* 205752
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A72946
*NPI:* 1922179688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CANTU, ALICIA O**
*Provider ID:* 205753
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: A72946
*NPI:* 1922179688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CANTU, ALICIA O**
*Provider ID:* 52787
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A72946
*NPI:* 1922179688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CARROLL, JEANNE M**
*Provider ID:* 108883
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A118050
*NPI:* 1386928224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHEN, JENNIFER K**

*Provider ID:* 205729
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A141057
*NPI:* 1255785150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHIRASEVEENUPRAPUND, PETER**
*Provider ID:* 86506
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: A68277
*NPI:* 1467518209
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHONG, AMY**
*Provider ID:* 259993
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5803
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5803
*Provider Gender:* Female
*License number*: A133965
*NPI:* 1720423288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COHENMEYER, CASEY L**
*Provider ID:* 52560
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A80114
*NPI:* 1033286430
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Murrieta, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**CORDES, WILLIAM D**
*Provider ID:* 122494
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: 20A15743
*NPI:* 1174942544
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M 8AM-7PM, TU-TH 8AM-6PM, F 8AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**DE LA ROSA, IVONNE E**
*Provider ID:* 206027
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A49734
*NPI:* 1174695795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, El Centro Regional Medical Center, Valley Childrens Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEL RE, ANGELO**
*Provider ID:* 82886
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A129572
*NPI:* 1275761371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOSHI, AMI P**
*Provider ID:* 205329
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A95217
*NPI:* 1801099676
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOSHI, AMI P**
*Provider ID:* 205330
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: A95217
*NPI:* 1801099676
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DO, THOMAS B**
*Provider ID:* 101284
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Male
*License number*: A107618
*NPI:* 1053545376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital At Mission, Childrens Hospital Of Orange County
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DUONG, THU A**
*Provider ID:* 103011
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:*
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A127187
*NPI:* 1326309881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DWORSKY, ZEPHYR D**
*Provider ID:* 272293
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A144121
*NPI:* 1427443803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMUNDS, MICHELLE A**
*Provider ID:* 102047
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A129816
*NPI:* 1881958064
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EDMUNDS, MICHELLE A**
*Provider ID:* 205864
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A129816
*NPI:* 1881958064
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**EKPENYONG, ATIM O**
*Provider ID:* 97424
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A134969
*NPI:* 1932318565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ETKIN, MARC L**
*Provider ID:* 51983
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A75092
*NPI:* 1194896852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FISHER, ERIN R**
*Provider ID:* 205906
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: G66360
*NPI:* 1841361508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FISHER, ERIN R**
*Provider ID:* 205907
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: G66360
*NPI:* 1841361508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FISHER, ERIN R**
*Provider ID:* 260913
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: G66360
*NPI:* 1841361508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FLEMING, SARAH E**
*Provider ID:* 104812
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:* (619) 686-3843
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Female
*License number*: A89838
*NPI:* 1679809826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FORTUNE, ERIN L**
*Provider ID:* 38555
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: A95577
*NPI:* 1801088422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**GAHAGAN, SHEILA**
*Provider ID:* 214387
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7910 FROST ST STE 230
SAN DIEGO, CA 92123-2776
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C53666
*NPI:* 1053327221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GANESAN, ANUSHA P**
*Provider ID:* 114913
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A147249
*NPI:* 1982091740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GHAFOURI, NAZLI**
*Provider ID:* 257249
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A94326
*NPI:* 1942325113
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* California Pacific Med Ctr Pacific Campus, California Pacific Medical Center - Mission Bernal Campus, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**GIST, LAUREN**
*Provider ID:* 214433
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7910 FROST ST STE 230
SAN DIEGO, CA 92123-2776
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A81381
*NPI:* 1023105335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GLENN, TARA J**
*Provider ID:* 283159
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A170207
*NPI:* 1992060974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**
*Provider ID:* 83625
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:*
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: G63111
*NPI:* 1376614131
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOTTSCHALK, MICHAEL E**
*Provider ID:* 52040
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: G55424
*NPI:* 1033280888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GREENBERG, MARK**
*Provider ID:* 63927
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G63733
*NPI:* 1710906375
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUNTA, SUJANA S**
*Provider ID:* 80521
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A109056
*NPI:* 1932304342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HEGDE, SANJEET R**
*Provider ID:* 74643
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:* (858) 966-7903
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A112326
*NPI:* 1306036884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HERSHEY, DANIEL W**
*Provider ID:* 205990
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A82477
*NPI:* 1063435055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HERSHEY, DANIEL W**
*Provider ID:* 205994
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Male
*License number*: A82477
*NPI:* 1063435055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HERSKOVITZ, SCOTT A**
*Provider ID:* 126733
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY # 5063 MC
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-4073
*Fax:*
*After Hours Phone:* (858) 966-4073
*Provider Gender:* Male
*License number*: A155234
*NPI:* 1225393499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HONOLD, JOSE A**
*Provider ID:* 52532
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A51798
*NPI:* 1093886855
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HSIEH, LESLIE Q**
*Provider ID:* 206031
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A120282
*NPI:* 1326207283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUANG, MARIA Z**
*Provider ID:* 102388
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A137270
*NPI:* 1770841140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUANG, MARIA Z**
*Provider ID:* 205974
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A137270
*NPI:* 1770841140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HUNTER, WENDY L**
*Provider ID:* 52857
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A94607
*NPI:* 1053515551
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**INGULLI, ELIZABETH G**
*Provider ID:* 52564
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: G87981
*NPI:* 1811919244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JONES, MARILYN C**
*Provider ID:* 52308
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: G30850
*NPI:* 1295806040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KANTHARIA, TINA H**
*Provider ID:* 109309
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A126911
*NPI:* 1659632362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KARMAKAR, KANKA**
*Provider ID:* 116261
*Board Certified Specialty:* No
OPERATION SAMAHAN - MIRA MESA
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:*
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: C54941
*NPI:* 1972536654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali, Hindi, Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:* www.operationsamahan.org
*Email:*
*Medical Group(s):* Operation Samahan - Mira Mesa
*IPA:* Community Care Ipa Llc

**KARMAKAR, KANKA, MD**
*Provider ID:* 213847
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 578-4417
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Female
*License number*: C54941
*NPI:* 1972536654
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Bengali, Hindi, Polish, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KAUFHOLD, MARILYN J**
*Provider ID:* 206213
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5803
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5803
*Provider Gender:* Female
*License number*: C33767
*NPI:* 1295806057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KAUFHOLD, MARILYN J**
*Provider ID:* 206214
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: C33767
*NPI:* 1295806057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KHARE, MANASWITHA**
*Provider ID:* 109081
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A140062
*NPI:* 1912345307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KHARE, MANASWITHA**
*Provider ID:* 206289
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A140062
*NPI:* 1912345307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIMBALL, AMY L**
*Provider ID:* 52537
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A87696
*NPI:* 1932255668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Mercy Hospital Chula Vista, Southwest Healthcare System Murrieta, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, JANE J**
*Provider ID:* 52051
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: C51620
*NPI:* 1235200098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, JENNY M**
*Provider ID:* 52313
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A80257
*NPI:* 1255402012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLEIN, KAREN O**
*Provider ID:* 52052
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: G76034
*NPI:* 1760553515
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**KUELBS, CYNTHIA L**
*Provider ID:* 205341
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-1726
*Fax:* (858) 966-6271
*After Hours Phone:* (858) 966-1726
*Provider Gender:* Female
*License number*: G58415
*NPI:* 1932270691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KUO, DENNIS J**
*Provider ID:* 91889
*Board Certified Specialty:* No
CHILDRENS HOSP SAN DIEGO CHADWICK CTR
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A84128
*NPI:* 1750492146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAMBERTI, JOHN J**
*Provider ID:* 205612
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: G19503
*NPI:* 1518038371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland, Lucile Salter Packard Childrens Hosp, Stanford Health Care
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANE, BRIAN P**
*Provider ID:* 52539
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A73829
*NPI:* 1427129287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Southwest Healthcare System Wildomar, Southwest

Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANGLEY, GREGORY H**
*Provider ID:* 205698
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: G88047
*NPI:* 1427049675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LANGLEY, GREGORY H**
*Provider ID:* 52899
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 309-6290
*Fax:*
*After Hours Phone:* (858) 309-6290
*Provider Gender:* Male
*License number*: G88047
*NPI:* 1427049675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LARROW, ANNIE N**
*Provider ID:* 276013
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A147181
*NPI:* 1417344128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAUB, NATALIE**
*Provider ID:* 274665
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A168555
*NPI:* 1336448083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAUB, NATALIE**
*Provider ID:* 274666
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 500
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5980
*Fax:* (858) 966-8535
*After Hours Phone:* (858) 966-5980
*Provider Gender:* Female
*License number*: A168555
*NPI:* 1336448083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEE, BEGEM**
*Provider ID:* 205923
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A126770
*NPI:* 1053672444
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEHNERT SCHUCHARDT, ELEANOR L**
*Provider ID:* 127691
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A156946
*NPI:* 1760707210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SU 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEIBEL, SANDRA L**
*Provider ID:* 103580
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A121976
*NPI:* 1407024995
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Polish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEIBEL, SYDNEY A**
*Provider ID:* 106806
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:* (858) 268-5145
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Male
*License number*: A116427
*NPI:* 1861666919
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LENZEN, CHRISTIANE**
*Provider ID:* 112872
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: C143617
*NPI:* 1497982227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Hsp Of San Diego Co, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LENZEN, CHRISTIANE**
*Provider ID:* 205978
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: C143617
*NPI:* 1497982227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Hsp Of San Diego Co, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEVY, MICHAEL**
*Provider ID:* 206053
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A112901
*NPI:* 1699937250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Cedars Sinai Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LE, CRYSTAL N**
*Provider ID:* 52540
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A97634
*NPI:* 1003028416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LE, JOAN T**
*Provider ID:* 206524
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 300
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: A99391
*NPI:* 1447460050
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LUJAN, ARLEEN G**
*Provider ID:* 25649
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A61687
*NPI:* 1760412431
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**MANNINO AVILA, ELIZABETH E**
*Provider ID:* 262161
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A117906
*NPI:* 1164747127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At

Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MANNINO AVILA, ELIZABETH E**
*Provider ID:* 74656
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A117906
*NPI:* 1164747127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDOUM, RIAD**
*Provider ID:* 103913
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:*
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Male
*License number*: A36720
*NPI:* 1417050584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARDOUM, RIAD**
*Provider ID:* 103916
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A36720
*NPI:* 1417050584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARIETTI SHEPHERD, SARAH R**
*Provider ID:* 206244
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7930 FROST ST STE 407
SAN DIEGO, CA 92123-4286
*Phone:* (858) 279-8527
*Fax:*
*After Hours Phone:* (858) 279-8527

*Provider Gender:* Female
*License number*: A106447
*NPI:* 1801094115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARINKOVIC, MAJA**
*Provider ID:* 52053
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A95251
*NPI:* 1053469767
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**METCALF, ASHLEY M**
*Provider ID:* 101237
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: 20A14115
*NPI:* 1073740205
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MISHRA-OCCHINO, SEEMA S**
*Provider ID:* 52907
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A100307
*NPI:* 1689612830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOBLEY, WILLIAM C**
*Provider ID:* 128124
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male
*License number*: G36551
*NPI:* 1902941743
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOYER, LAUREL B**
*Provider ID:* 109470
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: C144070
*NPI:* 1598970378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NELSON, THEODORA J**
*Provider ID:* 257259
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7910 FROST ST STE 230
SAN DIEGO, CA 92123-2776
*Phone:* (858) 496-4800
*Fax:*
*After Hours Phone:* (858) 496-4800
*Provider Gender:* Female
*License number*: G75021
*NPI:* 1326130584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NEWFIELD, RON S**
*Provider ID:* 52057
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: A73875
*NPI:* 1679644421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, MARGARET B**
*Provider ID:* 83870
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A131847
*NPI:* 1942485248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIENOW, SHALON M**
*Provider ID:* 127354
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A155289
*NPI:* 1255592465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Of New Mexico Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIENOW, SHALON M**
*Provider ID:* 262189
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5990
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5990
*Provider Gender:* Female
*License number*: A155289
*NPI:* 1255592465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Of New Mexico Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NIENOW, SHALON M**
*Provider ID:* 262190
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A155289
*NPI:* 1255592465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, University Of New Mexico Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ODONNELL, F JANE D**
*Provider ID:* 52506
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: G81056
*NPI:* 1477625325

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARDEE, PERRIE E**
*Provider ID:* 205767
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-6782
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A123826
*NPI:* 1578850988
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PARKER, PAUL C**
*Provider ID:* 205755
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A54747
*NPI:* 1841202710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PATEL, AARTI R**
*Provider ID:* 205865
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A142110
*NPI:* 1871813105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PHILLIPS, SUSAN A**
*Provider ID:* 52151
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003

*Provider Gender:* Female
*License number*: G85921
*NPI:* 1588735336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PIERCE, HEATHER C**
*Provider ID:* 205701
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A103389
*NPI:* 1699955542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PIERCE, HEATHER C**
*Provider ID:* 52797
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A103389
*NPI:* 1699955542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAMOS, CARLOS G**
*Provider ID:* 102158
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:*
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: A91944
*NPI:* 1205047545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RHEE, KYUNG E**
*Provider ID:* 206114
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A112676

*NPI:* 1013996529
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIES, DAVID C**
*Provider ID:* 206082
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: A127233
*NPI:* 1376705483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBERTS, WILLIAM D**
*Provider ID:* 52318
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Male
*License number*: A46026
*NPI:* 1245302561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RODRIGUEZ, JAVIER**
*Provider ID:* 46966
*Board Certified Specialty:* No
LA MAESTRA FAMILY CLINIC INC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 255-9155
*Fax:*
*After Hours Phone:* (619) 255-9155
*Provider Gender:* Male
*License number*: A82639
*NPI:* 1013059385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:* www.lamaestra.org
*Email:*
*Medical Group(s):* La Maestra Family Clinic Inc
*IPA:*

**RUNGVIVATJARUS, TIRANUN**
*Provider ID:* 206319
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A141353
*NPI:* 1407276363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAJTI, ENIKO C**
*Provider ID:* 117483
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-3812
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Female
*License number*: A115973
*NPI:* 1649433103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAJTI, ENIKO C**
*Provider ID:* 83875
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A115973
*NPI:* 1649433103
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHNEIDER, SARAH M**
*Provider ID:* 284224
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A151631
*NPI:* 1508210311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SEBSO, JODI**
*Provider ID:* 46712
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A103099
*NPI:* 1538484316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy

Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**SONG, RICHARD S**
*Provider ID:* 70909
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: A112147
*NPI:* 1881893477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPECTOR, STEPHEN A**
*Provider ID:* 52328
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Male
*License number*: G32467
*NPI:* 1790857316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPECTOR, STEPHEN A**
*Provider ID:* 52329
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-8089
*Fax:* (619) 298-2698
*After Hours Phone:* (619) 543-8089
*Provider Gender:* Male
*License number*: G32467
*NPI:* 1790857316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPEZIALE, MARK V**
*Provider ID:* 52555
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818

*Provider Gender:* Male
*License number*: G78658
*NPI:* 1801978143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPITZER, MARSHA D**
*Provider ID:* 25654
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A76785
*NPI:* 1851323315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**STOVER, LAURIE B**
*Provider ID:* 206196
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A71978
*NPI:* 1659442317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STRAIT, MARIE I**
*Provider ID:* 273471
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: C167351
*NPI:* 1669633012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STRAIT, MARIE I**
*Provider ID:* 273473
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:*
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Female
*License number*: C167351
*NPI:* 1669633012

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STRINGER, JESSE D**
*Provider ID:* 118220
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A120899
*NPI:* 1972745388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SURESH, PREMI T**
*Provider ID:* 217863
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3685 KEARNY VILLA RD
SAN DIEGO, CA 92123-1950
*Phone:* (858) 966-5990
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5990
*Provider Gender:* Female
*License number*: A89651
*NPI:* 1558408559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SURESH, PREMI T**
*Provider ID:* 265149
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A89651
*NPI:* 1558408559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SURESH, PREMI T**
*Provider ID:* 265150
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5990
*Fax:* (858) 966-7508
*After Hours Phone:* (858) 966-5990
*Provider Gender:* Female
*License number*: A89651
*NPI:* 1558408559
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SURESH, PREMI T**
*Provider ID:* 283161
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 500
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5980
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5980
*Provider Gender:* Female
*License number*: A89651
*NPI:* 1558408559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SUTTNER, DENISE M**
*Provider ID:* 52558
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: A52313
*NPI:* 1457433799
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SWEENEY, NATHALY M**
*Provider ID:* 127345
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:*
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Female
*License number*: A110761
*NPI:* 1164572632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TAMAS, VANESSA L**
*Provider ID:* 109195
*Board Certified Specialty:* No
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: A101991
*NPI:* 1326225368
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Childrens Hosp Of Los Angeles, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THORNBURG, COURTNEY D**
*Provider ID:* 70905
*Board Certified Specialty:* No
CHILDRENS HOSP SAN DIEGO CHADWICK CTR
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: C55985
*NPI:* 1538222310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TOVAR PADUA, LEIDY J**
*Provider ID:* 128013
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A130894
*NPI:* 1033491311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles, Long Beach Memorial Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TREMOULET, ADRIANA H**
*Provider ID:* 121500
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7785
*Fax:*
*After Hours Phone:* (858) 966-7785
*Provider Gender:* Female
*License number*: A76788
*NPI:* 1013015445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Mercy Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**VANE, JACKSON**
*Provider ID:* 114920
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: A120394
*NPI:* 1952608580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VARGAS TRUJILLO, MARCELA**
*Provider ID:* 102679
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A139213
*NPI:* 1952534091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAUCHER, YVONNE E**
*Provider ID:* 107742
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3771
*Fax:* (619) 543-7543
*After Hours Phone:* (619) 543-3771
*Provider Gender:* Female
*License number*: G25444
*NPI:* 1275615510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VAUCHER, YVONNE E**
*Provider ID:* 52559
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 260-7046
*Fax:*
*After Hours Phone:* (619) 260-7046
*Provider Gender:* Female
*License number*: G25444
*NPI:* 1275615510
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VILLARROEL, SARAH A**
*Provider ID:* 205861
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3665 KEARNY VILLA RD # 501
SAN DIEGO, CA 92123-1953
*Phone:* (858) 966-5980
*Fax:* (858) 966-5992
*After Hours Phone:* (858) 966-5980
*Provider Gender:* Female
*License number*: 20A9338
*NPI:* 1336205558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VILLARROEL, SARAH A**
*Provider ID:* 205862
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:* (858) 966-6728
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Female
*License number*: 20A9338
*NPI:* 1336205558
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WAI, SHANNON S**
*Provider ID:* 70903
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A122459
*NPI:* 1528395282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WANG, EMILY J**
*Provider ID:* 126801
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:*
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A89393
*NPI:* 1427142363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WANG, EMILY J**
*Provider ID:* 126804
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105-1690
*Phone:* (619) 280-2905
*Fax:*
*After Hours Phone:* (619) 280-2905
*Provider Gender:* Female
*License number*: A89393
*NPI:* 1427142363
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WELCH, MICHAEL J**
*Provider ID:* 51907
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
5776 RUFFIN RD
SAN DIEGO, CA 92123-1013
*Phone:* (858) 292-1144
*Fax:*
*After Hours Phone:* (858) 292-1144
*Provider Gender:* Male
*License number*: G34844
*NPI:* 1699794222
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WERHO, DAVID K**
*Provider ID:* 118921
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A135895
*NPI:* 1235391863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YAPHOCKUN, KAREN K**
*Provider ID:* 113245
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*Fax:*
*After Hours Phone:* (858) 576-1700
*Provider Gender:* Female
*License number*: 20A13298
*NPI:* 1861880817
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YORGIN, PETER D**
*Provider ID:* 52573
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: G64029
*NPI:* 1023039831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YU, ELIZABETH L**
*Provider ID:* 80373
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A102372
*NPI:* 1538485586
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZAGULI, MARVIN J**
*Provider ID:* 98958
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
12036 SCRIPPS HIGHLANDS DR # 102
SAN DIEGO, CA 92131-5155
*Phone:* (858) 566-4444
*Fax:*
*After Hours Phone:* (858) 566-4444
*Provider Gender:* Male
*License number*: G38188
*NPI:* 1508837501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZANDKARIMI, FARIBA**
*Provider ID:* 25659
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: A46161
*NPI:* 1356373674
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Mercy General Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**ZIMMERMAN, ELISE**
*Provider ID:* 101317
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: A120177
*NPI:* 1649413071
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## PHYSICAL MEDICINE / REHABILITATION

**ALGRA, JEFFREY**
*Provider ID:* 287524
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Male
*License number*: A121138
*NPI:* 1457664518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BIFFL, SUSAN E**
*Provider ID:* 287453
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: C151768
*NPI:* 1366589640
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BROWN, MACKENZIE E**
*Provider ID:* 287516
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: 20A14180
*NPI:* 1275812323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BULLOCK, ANDREW C**
*Provider ID:* 257588
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1855 1ST AVE STE 200
SAN DIEGO, CA 92101-2650
*Phone:* (619) 379-6579
*Fax:* (619) 501-3846
*After Hours Phone:* (619) 379-6579
*Provider Gender:* Male
*License number*: 20A6842
*NPI:* 1295743045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**CHEN, JEFFREY L**
*Provider ID:* 63845
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A102762
*NPI:* 1811183700
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DALAL, PRITHA B**
*Provider ID:* 287523
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: A132097
*NPI:* 1609017532
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GAVRILYUK, OLEG M**
*Provider ID:* 34930
*Board Certified Specialty:* No
OLEG M GAVRILYUK MD PC
6699 ALVARADO RD STE 2302
SAN DIEGO, CA 92120-5241
*Phone:* (619) 578-2518
*Fax:*
*After Hours Phone:* (619) 578-2518
*Provider Gender:* Male
*License number*: A74418
*NPI:* 1952496291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

**LEE, HAEWON**
*Provider ID:* 256226
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Female
*License number*: A161567
*NPI:* 1447661657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE, JOAN T**
*Provider ID:* 243378
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A99391
*NPI:* 1447460050
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MIGNOSA, ROGER J**
*Provider ID:* 120585
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (858) 657-8600
*Fax:*
*After Hours Phone:* (858) 657-8600
*Provider Gender:* Male
*License number*: 20A12464
*NPI:* 1255627691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIGNOSA, ROGER J**
*Provider ID:* 203477
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A12464
*NPI:* 1255627691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIGNOSA, ROGER J**
*Provider ID:* 203478
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A12464
*NPI:* 1255627691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MIGNOSA, ROGER J**
*Provider ID:* 286300
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE
SAN DIEGO, CA 92121-2111
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A12464
*NPI:* 1255627691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RYAN, KYLE**
*Provider ID:* 287520
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Male
*License number*: A170177
*NPI:* 1447645742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCOTT-WYARD, PHOEBE R**
*Provider ID:* 287519
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: 20A11699
*NPI:* 1336356203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SKALSKY, ANDREW J**
*Provider ID:* 287537
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:*
*After Hours Phone:* (858) 966-8974

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Male
*License number*: A90003
*NPI:* 1487635272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THOMPSON, SHARRON L**
*Provider ID:* 278396
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3703 CAMINO DEL RIO S STE 210
SAN DIEGO, CA 92108-4033
*Phone:* (619) 640-5555
*Fax:* (619) 640-5550
*After Hours Phone:* (619) 640-5555
*Provider Gender:* Female
*License number*: G55454
*NPI:* 1669462883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PHYSICIANS ASSISTANT

**AINSWORTH, DELISSA M**
*Provider ID:* 243367
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA53570
*NPI:* 1750734893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ALBRIGHT, KELSEY A**
*Provider ID:* 284763
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 923-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 923-8273
*Provider Gender:* Female
*License number*: PA57996
*NPI:* 1235653148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ALVARADO, EDMUND R**
*Provider ID:* 115061
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: PA20888
*NPI:* 1720303340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**ARMEEN, GARY P**
*Provider ID:* 247035
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA21505
*NPI:* 1760774863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ASARO, AMANDA M**
*Provider ID:* 260258
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA18493
*NPI:* 1306961313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/21
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ASARO, AMANDA M**
*Provider ID:* 260260
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA18493
*NPI:* 1306961313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ASARO, AMANDA M**
*Provider ID:* 280620
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA18493
*NPI:* 1306961313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BARKER, ALEXANDRA E**
*Provider ID:* 276599
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5846
*Fax:* (858) 569-9052
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: PA58662
*NPI:* 1154846012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BARKER, ALEXANDRA E**
*Provider ID:* 276600
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-5846
*Fax:* (858) 966-8457
*After Hours Phone:* (858) 966-5846
*Provider Gender:* Female
*License number*: PA58662
*NPI:* 1154846012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BAUTISTA, MARIE ANGELA M**
*Provider ID:* 113403
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA18241
*NPI:* 1225258445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BEALE, EVAN J , NPA**
*Provider ID:* 271080
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Male
*License number*: PA55344
*NPI:* 1689174146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BEALE, EVAN J , NPA**
*Provider ID:* 271081
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121

*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: PA55344
*NPI:* 1689174146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BOYD, LISA N**
*Provider ID:* 217649
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA20326
*NPI:* 1871859421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRAND, KELLY R**
*Provider ID:* 262160
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Female
*License number*: PA19840
*NPI:* 1528215993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRUECKNER, TAMMIE N**
*Provider ID:* 255558
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57558
*NPI:* 1407212376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASTILLO, PATRICIA**
*Provider ID:* 115068
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: PA17220
*NPI:* 1376550657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:* Blue Shield Promise Health Plan Direct

**CASTILLO, PATRICIA**
*Provider ID:* 257530
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: PA17220
*NPI:* 1376550657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-TH 8:30AM-5:30PM, F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**CERIALE, CHRISTOPHER H**
*Provider ID:* 269867
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7526 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111-1504
*Phone:* (888) 743-7526
*Fax:*
*After Hours Phone:* (888) 743-7526
*Provider Gender:* Male
*License number*: PA54651
*NPI:* 1255858221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHAVOYA, KRISTI ROSE J**
*Provider ID:* 279602
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: PA57744
*NPI:* 1821630617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CLARK, YVONNE L**
*Provider ID:* 260062
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (888) 996-6795
*Fax:*
*After Hours Phone:* (888) 996-6795
*Provider Gender:* Female
*License number*: PA20447
*NPI:* 1629302476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CORNEJO, DANIEL A**
*Provider ID:* 265375
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Male
*License number*: PA57695
*NPI:* 1508423492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DANESHVAR, ABRAHAM D , NPA**
*Provider ID:* 271004
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9610 GRANITE RIDGE DR STE B
SAN DIEGO, CA 92123-2684
*Phone:* (858) 558-8150
*Fax:* (858) 346-1024
*After Hours Phone:* (858) 558-8150
*Provider Gender:* Male
*License number*: PA52905
*NPI:* 1245359140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Turkish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DAVID, MARVIC T**
*Provider ID:* 115065
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: PA53748
*NPI:* 1750832317
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**DENEVAN, ANDREW J**
*Provider ID:* 83352
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: PA23100
*NPI:* 1811324726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DICKINSON, ALLISON J**
*Provider ID:* 260622
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, ALLISON J**
*Provider ID:* 260623
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, ALLISON J**
*Provider ID:* 260624
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, ALLISON J**
*Provider ID:* 289442
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST # 195
SAN DIEGO, CA 92123-2771
*Phone:* (858) 966-8974
*Fax:* (858) 966-6721
*After Hours Phone:* (858) 966-8974
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DICKINSON, ALLISON J**
*Provider ID:* 289444
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 3
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA17163
*NPI:* 1972655389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DODSON, EMILY E**
*Provider ID:* 260705
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: PA57548
*NPI:* 1952708695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DODSON, EMILY E**
*Provider ID:* 285750
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: PA57548
*NPI:* 1952708695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DOREY, DANIELLE B**
*Provider ID:* 286212
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA51652
*NPI:* 1578966925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FINK, ELLEN E**
*Provider ID:* 124646
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA52655
*NPI:* 1689962946
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FINK, PATRICK M**
*Provider ID:* 107145
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO-BEACH AREA
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2444
*Fax:*
*After Hours Phone:* (619) 515-2444
*Provider Gender:* Male
*License number*: PA52704
*NPI:* 1922380328
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area
*IPA:*

**FLOCO, VIRGINIA A**
*Provider ID:* 272562
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: PA20788
*NPI:* 1982798112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GAIDADJIEV, TEODORA**
*Provider ID:* 276737
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
203 W F ST
SAN DIEGO, CA 92101-6016
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA53021
*NPI:* 1235502162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAGEN, HILARY A**
*Provider ID:* 122337
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA52034
*NPI:* 1174920805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HALTER, KENNETH N**
*Provider ID:* 102100
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: PA22613
*NPI:* 1053745059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAMILTON, JAMES N**
*Provider ID:* 104629
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: PA51679
*NPI:* 1003221078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HARRIS, CHRISTINA V**
*Provider ID:* 104660
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA51525
*NPI:* 1720053846
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HASEGAWA, CHRIS**
*Provider ID:* 247206
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA56884
*NPI:* 1225698962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HASEGAWA, CHRIS**
*Provider ID:* 287349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Male
*License number*: PA56884
*NPI:* 1225698962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIGGINS, JOSHUA B**
*Provider ID:* 287133
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
203 W F ST
SAN DIEGO, CA 92101-6016
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA20471
*NPI:* 1861624181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HUNTER, JACOB A**
*Provider ID:* 287449
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA54452
*NPI:* 1114459765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KASIAN, ELIZA B**
*Provider ID:* 262241
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Male
*License number*: PA52368
*NPI:* 1780071399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KRASOVIC, ERYNN E**
*Provider ID:* 262185
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA52779
*NPI:* 1992173124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAKHANPAL, SONIA**
*Provider ID:* 110210
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA16823
*NPI:* 1285796458
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAMBERT, GAGE I**
*Provider ID:* 214788
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA53792
*NPI:* 1144672494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LAPINA, LORI L**
*Provider ID:* 77863
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Female
*License number*: PA23231
*NPI:* 1245670413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-TH 8:30AM-5:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**LAZAR, ANITA A**
*Provider ID:* 272531
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: PA55984
*NPI:* 1609208198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEBOWITZ, STEVEN**
*Provider ID:* 283732
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5818
*Fax:* (858) 966-7483
*After Hours Phone:* (858) 966-5818
*Provider Gender:* Male
*License number*: PA51721
*NPI:* 1497714828
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LINDEMANN, CHRISTINA R**
*Provider ID:* 283760
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 325
SAN DIEGO, CA 92121-3069
*Phone:* (800) 926-8273
*Fax:* (858) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA57053
*NPI:* 1194373514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LONGOBARDO, FRANCESCA A , NPA**
*Provider ID:* 241372
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350A
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Female
*License number*: PA52844
*NPI:* 1407224157
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MCADAMS, JOSEPH**
*Provider ID:* 280611
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA58420
*NPI:* 1104371251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MCCAULEY, KRISTINA R**
*Provider ID:* 262245
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: PA52100
*NPI:* 1063819944
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MCCLAFFERTY, STEPHANIE N**
*Provider ID:* 262297
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:*
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: PA52575
*NPI:* 1609209238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MERRILL, COREY M**
*Provider ID:* 258040
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA56995
*NPI:* 1386032308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MUNCH, LINH D**
*Provider ID:* 260085
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA14223
*NPI:* 1679792725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MUNCH, LINH D**
*Provider ID:* 260086
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: PA14223
*NPI:* 1679792725
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MUNCH, LINH D**
*Provider ID:* 260087
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA14223
*NPI:* 1679792725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NAKAMITSU, ABIGAIL L**
*Provider ID:* 268666
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA22344
*NPI:* 1932459179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NASSAR, JEANNE A**
*Provider ID:* 112529
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA21089
*NPI:* 1760704761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NELMS, MICHAEL J , NPA**
*Provider ID:* 242771
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: PA14379
*NPI:* 1235113580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NELMS, MICHAEL J**
*Provider ID:* 36201
*Board Certified Specialty:* Yes
WEST DERMATOLOGY AND SURG MED GRP
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Male
*License number*: PA14379
*NPI:* 1235113580
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NGUYEN, CECILIA**
*Provider ID:* 289157
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: PA57419
*NPI:* 1629636816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NGUYEN, THUY-VY V**
*Provider ID:* 291450
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9339 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2150
*Phone:* (858) 454-4300
*Fax:* (858) 454-5088
*After Hours Phone:* (858) 454-4300
*Provider Gender:* Female
*License number*: PA56919
*NPI:* 1205490521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, THUY-VY V**
*Provider ID:* 291451
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 415
SAN DIEGO, CA 92103-2121
*Phone:* (619) 298-9809
*Fax:* (619) 298-9823
*After Hours Phone:* (619) 298-9809
*Provider Gender:* Female
*License number*: PA56919
*NPI:* 1205490521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**O'MARA, ROBERT J**
*Provider ID:* 80431
*Board Certified Specialty:* No

NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:*
*After Hours Phone:* (619) 515-2424
*Provider Gender:* Male
*License number*: PA14526
*NPI:* 1336174382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**OCONNOR, ALYSON B**
*Provider ID:* 262343
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA55497
*NPI:* 1053855239
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PAIK, CHRISTINA N**
*Provider ID:* 262428
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA21680
*NPI:* 1174811475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PAIK, CHRISTINA N**
*Provider ID:* 262429
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: PA21680
*NPI:* 1174811475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PERREAULT, MARK R**
*Provider ID:* 283585
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018

*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA57736
*NPI:* 1356749451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERREAULT, MARK R**
*Provider ID:* 283586
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA57736
*NPI:* 1356749451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PRIEST, VIVIAN N**
*Provider ID:* 272430
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA55483
*NPI:* 1225581754
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**QUICK, ELISABETH A**
*Provider ID:* 87611
*Board Certified Specialty:* No
DTFHC AT CONNECTIONS
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2430
*Fax:*
*After Hours Phone:* (619) 515-2430
*Provider Gender:* Female
*License number*: PA21591
*NPI:* 1790055010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAI, GEORGINA**
*Provider ID:* 270053
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7526 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111-1504
*Phone:* (858) 743-7526
*Fax:*
*After Hours Phone:* (858) 743-7526
*Provider Gender:* Female
*License number*: PA54629
*NPI:* 1467974915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REYES, SALLIE J**
*Provider ID:* 288616
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 309-7701
*Fax:* (858) 966-8038
*After Hours Phone:* (858) 309-7701
*Provider Gender:* Female
*License number*: PA54464
*NPI:* 1134657653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RIDGWAY, CATHERINE A**
*Provider ID:* 110465
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA17175
*NPI:* 1184887408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANCHEZ, RAQUEL**
*Provider ID:* 262626
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:*
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: PA14357
*NPI:* 1356560650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANCHEZ, RAQUEL**
*Provider ID:* 262627
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Female
*License number*: PA14357
*NPI:* 1356560650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANCHEZ, RAQUEL**
*Provider ID:* 262628

*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 567-8412
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: PA14357
*NPI:* 1356560650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHELLIE, SCOTT A**
*Provider ID:* 109933
*Board Certified Specialty:* No
FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE
1550 BROADWAY # 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2525
*Fax:*
*After Hours Phone:* (619) 515-2525
*Provider Gender:* Male
*License number*: PA53288
*NPI:* 1699053843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Family Hlth Ctr San Diego- City College
*IPA:*

**SCHMITT, EVA V**
*Provider ID:* 264174
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 140
SAN DIEGO, CA 92123-2712
*Phone:* (858) 966-6710
*Fax:* (858) 966-6266
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: PA19324
*NPI:* 1174715106
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHMITT, EVA V**
*Provider ID:* 264175
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:* (858) 966-6711
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: PA19324
*NPI:* 1174715106
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHMITT, EVA V**
*Provider ID:* 264176
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800
*Fax:* (858) 966-7433
*After Hours Phone:* (858) 966-8800
*Provider Gender:* Female
*License number*: PA19324
*NPI:* 1174715106
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHMITT, EVA V**
*Provider ID:* 69390
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Female
*License number*: PA19324
*NPI:* 1174715106
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHROEDER, JENNIFER K**
*Provider ID:* 124617
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR
SAN DIEGO, CA 92121-3021
*Phone:* (858) 453-1792
*Fax:*
*After Hours Phone:* (858) 453-1792
*Provider Gender:* Female
*License number*: PA19644
*NPI:* 1780851253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHROEDER, JENNIFER K**
*Provider ID:* 256639
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (858) 453-1469
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA19644
*NPI:* 1780851253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHROEDER, JENNIFER K**
*Provider ID:* 256640
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA19644
*NPI:* 1780851253
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHULZ, STEFAN K**
*Provider ID:* 243419
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PA21712
*NPI:* 1316102163
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAPIRO, RACHEL M**
*Provider ID:* 110912
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA52539
*NPI:* 1720488836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAUL, SHERA M**
*Provider ID:* 247974
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA56786
*NPI:* 1336659507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SMILEY, KATHRYN N**
*Provider ID:* 291218
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: PA59476
*NPI:* 1780158733
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**STALLINGS, ANDREA M**
*Provider ID:* 101021
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Female
*License number*: PA16540
*NPI:* 1972595478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STALLINGS, ANDREA M**
*Provider ID:* 255913
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-7496
*Fax:*
*After Hours Phone:* (619) 543-7496
*Provider Gender:* Female
*License number*: PA16540
*NPI:* 1972595478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TESFAI, HELEN S**
*Provider ID:* 287372
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA54848
*NPI:* 1942724042
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TRAUTMAN, AMY L**
*Provider ID:* 104652
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA51673
*NPI:* 1235412503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TREUNER, JULIE A**
*Provider ID:* 47986
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: PA17478
*NPI:* 1922013614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**UDOH, EKAETE D**
*Provider ID:* 291485
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9995 CARMEL MOUNTAIN RD STE B10
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (619) 434-1613
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Male
*License number*: PA19664
*NPI:* 1841472776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UDOH, EKAETE D**
*Provider ID:* 291486
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
10737 CAMINO RUIZ
SAN DIEGO, CA 92126-2359
*Phone:* (844) 200-2426
*Fax:* (619) 434-1613
*After Hours Phone:* (844) 200-2426
*Provider Gender:* Male
*License number*: PA19664
*NPI:* 1841472776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UPTON, JACQUELINE M**
*Provider ID:* 84938
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: PA21933
*NPI:* 1295704328
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VARGAS, ROBERT M**
*Provider ID:* 25717
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: PA11194
*NPI:* 1972528081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**VILLAPANDO, NORMA O**
*Provider ID:* 264057
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6795
*Fax:* (858) 966-7479
*After Hours Phone:* (858) 966-6795
*Provider Gender:* Female
*License number*: PA56098
*NPI:* 1376947960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WAX, PLUMMER L**
*Provider ID:* 84960
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: PA15657
*NPI:* 1376741934
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEIR, JACQUELINE R**
*Provider ID:* 278200
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA21646
*NPI:* 1932494499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WEIR, JACQUELINE R**
*Provider ID:* 278201
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 925-8271
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 925-8271
*Provider Gender:* Female
*License number*: PA21646
*NPI:* 1932494499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WEIR, JACQUELINE R**
*Provider ID:* 278203
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131-1061
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PA21646
*NPI:* 1932494499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WITT, CHRISTOPHER**
*Provider ID:* 110202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: PA19586
*NPI:* 1982675708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YIP, JACKAI A**
*Provider ID:* 122807
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Female
*License number*: PA20996
*NPI:* 1558676171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**ZANZUCCHI, AUDREY E**
*Provider ID:* 253253
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Female
*License number*: PA54479
*NPI:* 1265960256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PODIATRIST

**COLLINS, MICHAEL L**
*Provider ID:* 108897
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: DPM5146
*NPI:* 1912294711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):*

No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**COLLINS, MICHAEL L**
*Provider ID:* 269866
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350A
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: DPM5146
*NPI:* 1912294711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FORG, PATRICIA L**
*Provider ID:* 270062
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3989 32ND ST
SAN DIEGO, CA 92104-2001
*Phone:* (619) 283-2097
*Fax:* (619) 283-2540
*After Hours Phone:* (619) 283-2097
*Provider Gender:* Female
*License number*: DPM3775
*NPI:* 1962517508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 8AM-4:30PM, F 9AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FOYGELMAN, ALEKSANDR**
*Provider ID:* 270221
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4440 EUCLID AVE
SAN DIEGO, CA 92115-4522
*Phone:* (619) 281-3338
*Fax:* (844) 229-9092
*After Hours Phone:* (619) 281-3338
*Provider Gender:* Male
*License number*: DPM4387
*NPI:* 1265574669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian, Bulgarian, Hebrew, Russian, Spanish, Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, GLENN A**
*Provider ID:* 34542
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:* (619) 269-0053
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: DPM3584
*NPI:* 1164457966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*

*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**MILLER, GLENN A**
*Provider ID:* 39393
*Board Certified Specialty:* No
NORTH PARK FAMILY HEALTH CENTERS
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2300
*Fax:* (619) 685-8317
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Male
*License number*: DPM3584
*NPI:* 1164457966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M 8:15AM-7PM, TU-TH 8:15AM-6PM, F 8:15AM-5:30PM, SA 8AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* North Park Family Health Centers
*IPA:*

**QUINN, MICHAEL H**
*Provider ID:* 66301
*Board Certified Specialty:* No
CALIFORNIA ORTHOPAEDIC INST MED ASSOCS INC
7485 MISSION VALLEY RD STE 104A
SAN DIEGO, CA 92108-4422
*Phone:* (619) 291-8930
*Fax:* (619) 291-8491
*After Hours Phone:* (619) 291-8930
*Provider Gender:* Male
*License number*: DPM4132
*NPI:* 1417918475
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* califortho.com
*Email:*
*Medical Group(s):*
*IPA:*

**SABET, PAYMANEH SALEHIAN**
*Provider ID:* 110901
*Board Certified Specialty:* No
UCSD EMERG PHYSICIANS
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: DPM5073
*NPI:* 1437474442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER

**SIETSMA, ALEXANDRA**
*Provider ID:* 276908
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
350 DICKINSON ST
SAN DIEGO, CA 92103-1913
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002705
*NPI:* 1932522778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIETSMA, ALEXANDRA**
*Provider ID:* 276909
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002705
*NPI:* 1932522778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PUBLIC HEALTH
## PREVENTATIVE MEDICINE

**SOZANSKI, JESSE**
*Provider ID:* 200925
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 200
SAN DIEGO, CA 92121-2113
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A139018
*NPI:* 1437446622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## PULMONARY DISEASES

**AFSHAR, KAMYAR**
*Provider ID:* 102305
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: 20A8875
*NPI:* 1407050669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AFSHAR, KAMYAR**
*Provider ID:* 102312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 355-5864
*Fax:* (858) 657-6171
*After Hours Phone:* (858) 355-5864
*Provider Gender:* Male
*License number*: 20A8875
*NPI:* 1407050669
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AKUTHOTA, PRAVEEN**
*Provider ID:* 102052
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C137976
*NPI:* 1396704698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**AKUTHOTA, PRAVEEN**
*Provider ID:* 102053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 2
SAN DIEGO, CA 92121-3018
*Phone:* (855) 355-5864
*Fax:* (858) 657-6171
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: C137976
*NPI:* 1396704698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DEVEREAUX, ASHA V**
*Provider ID:* 112518
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 2
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-5415
*Fax:*
*After Hours Phone:* (619) 543-5415
*Provider Gender:* Female
*License number*: A51614
*NPI:* 1154392421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELMARAACHLI, WAEL**
*Provider ID:* 83405
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 657-7107
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A106280
*NPI:* 1366468969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ELMARAACHLI, WAEL**
*Provider ID:* 83408
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:* (858) 657-7107
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: A106280
*NPI:* 1366468969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FEDULLO, PETER F**
*Provider ID:* 63903
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G41977
*NPI:* 1427073683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FERNANDES, TIMOTHY M**
*Provider ID:* 83429
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 657-7107
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A112514
*NPI:* 1669680757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FUSTER, MARK M**
*Provider ID:* 63911
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G80544
*NPI:* 1972537025
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GUPTA, NAVEEN**
*Provider ID:* 92099
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A81440
*NPI:* 1013015569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Regional Medical Ctr Of San Jose, Ucsf Mount Zion, Scripps Green Hospital, Medical Ctr At Ucsf
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HEPOKOSKI, MARK L**
*Provider ID:* 122042
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A125984
*NPI:* 1649408790
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUGHSON, WILLIAM G**
*Provider ID:* 64327
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: G38693
*NPI:* 1467519579
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IBRAHIM, ISLAM M**
*Provider ID:* 64578
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6303
*Fax:*
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Male
*License number*: C54272
*NPI:* 1962586917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Temecula Valley Hospital Inc, Long Beach Memorial Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JOSHUA, JISHA K**
*Provider ID:* 238061
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE P2
SAN DIEGO, CA 92121-3028
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144956
*NPI:* 1023436417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Malayalam
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JOSHUA, JISHA K**
*Provider ID:* 238062
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144956
*NPI:* 1023436417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Malayalam

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LE, HUAN A , MD**
*Provider ID:* 27358
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5507 EL CAJON BLVD # C
SAN DIEGO, CA 92115-3624
*Phone:* (619) 582-1448
*Fax:* (619) 582-1081
*After Hours Phone:* (619) 582-1448
*Provider Gender:* Male
*License number*: A76373
*NPI:* 1780797381
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/99
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-W 9AM-5PM, TH 8AM-1PM, F 9AM-6PM, SA 8AM-11AM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LI, JINGHONG**
*Provider ID:* 83699
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7125
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-7125
*Provider Gender:* Female
*License number*: A107000
*NPI:* 1619014479
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LONGORIA, JAVIER A**
*Provider ID:* 118849
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A115684
*NPI:* 1538397765
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOREDO, JOSE S**
*Provider ID:* 64348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: G67450
*NPI:* 1891728531
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAGANA, MARISA M**
*Provider ID:* 65372
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7105
*Fax:*
*After Hours Phone:* (858) 657-7105
*Provider Gender:* Female
*License number*: A94464
*NPI:* 1194856286
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MALHOTRA, ATUL**
*Provider ID:* 83977
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9260
*Fax:*
*After Hours Phone:* (619) 471-9260
*Provider Gender:* Male
*License number*: C55949
*NPI:* 1982695169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MALHOTRA, ATUL**
*Provider ID:* 83978
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-6485
*Fax:* (858) 657-7107
*After Hours Phone:* (858) 657-6485
*Provider Gender:* Male
*License number*: C55949
*NPI:* 1982695169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MANDEL, JESS**
*Provider ID:* 64608
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: C52434
*NPI:* 1023006970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MORRIS, TIMOTHY A**
*Provider ID:* 64618
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-2793
*Fax:* (619) 543-3384
*After Hours Phone:* (619) 543-2793
*Provider Gender:* Male
*License number*: G71499
*NPI:* 1134206709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAPAMATHEAKIS, DEMOSTHENES G**
*Provider ID:* 64625
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (855) 355-5864
*Fax:* (619) 543-7352
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A101188
*NPI:* 1326168600
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PERALTA-AVILA, ANGEL R**
*Provider ID:* 291399
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C175635
*NPI:* 1326354937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERALTA-AVILA, ANGEL R**
*Provider ID:* 291400
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C175635
*NPI:* 1326354937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PERALTA-AVILA, ANGEL R**
*Provider ID:* 291401
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8372
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8372
*Provider Gender:* Male
*License number*: C175635
*NPI:* 1326354937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POCH, DAVID S**
*Provider ID:* 64140
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6303
*Fax:* (858) 657-7107
*After Hours Phone:* (619) 543-6303
*Provider Gender:* Male
*License number*: A107956
*NPI:* 1598955668
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAMNATH, VENKTESH R**
*Provider ID:* 114336
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A107714
*NPI:* 1215911730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, El Centro Regional Medical Center, Ucsd Medical Ctr, Healdsburg District Hosp, Providence Redwood Memorial Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RIES, ANDREW L**
*Provider ID:* 64634
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-6248
*Fax:*
*After Hours Phone:* (619) 543-6248
*Provider Gender:* Male
*License number*: G33984
*NPI:* 1225088214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIKER, DAVID R**
*Provider ID:* 122563
*Board Certified Specialty:* No
NR MEDICAL ASSOCIATES
555 WASHINGTON ST
SAN DIEGO, CA 92103-2289
*Phone:* (619) 250-8300
*Fax:*
*After Hours Phone:* (619) 250-8300
*Provider Gender:* Male
*License number*: C53916
*NPI:* 1164405528
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Vibra Hospital Of San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SU 12AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SOLER TOMAS, XAVIER**

*Provider ID:* 64651
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (855) 355-5864
*Fax:*
*After Hours Phone:* (855) 355-5864
*Provider Gender:* Male
*License number*: A140707
*NPI:* 1962738641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUNWOO, BERNIE Y**
*Provider ID:* 118881
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Female
*License number*: A138242
*NPI:* 1336294107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUNWOO, BERNIE Y**
*Provider ID:* 118885
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A138242
*NPI:* 1336294107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YUNG, GORDON L**
*Provider ID:* 64669
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-7300
*Fax:* (619) 543-7334
*After Hours Phone:* (619) 543-7300
*Provider Gender:* Male
*License number*: A54237
*NPI:* 1134145949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## RADIATION ONCOLOGY

**BRUGGEMAN, ANDREW R , MD**
*Provider ID:* 271007
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A126549
*NPI:* 1790049591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**CHANG, ANDREW L**
*Provider ID:* 205679
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7400
*Fax:*
*After Hours Phone:* (858) 549-7400
*Provider Gender:* Male
*License number*: A85308
*NPI:* 1255513859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Cecil H And Ida M Green Hosp Of Scripps Clin, Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHOI, JEHEE I**
*Provider ID:* 206125
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7458
*Fax:*
*After Hours Phone:* (858) 549-7458
*Provider Gender:* Female
*License number*: A131202
*NPI:* 1619260056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**COLEMAN, LORI A , MD**
*Provider ID:* 221091
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Female
*License number*: G78635
*NPI:* 1053348920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAVIS, STEVEN W**
*Provider ID:* 289134
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101

*Phone:* (858) 345-2445
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 345-2445
*Provider Gender:* Male
*License number*: A82145
*NPI:* 1558463653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**DEWITT, KELLY D**
*Provider ID:* 289923
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7901 FROST ST
SAN DIEGO, CA 92123-2701
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Female
*License number*: A74873
*NPI:* 1184668741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELSTER, JENNIFER D**
*Provider ID:* 109562
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3010 CHILDRENS WAY # 2W
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5811
*Fax:*
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A144876
*NPI:* 1588866115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**FULLER, DONALD B , MD**
*Provider ID:* 269236
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
2466 1ST AVE # B
SAN DIEGO, CA 92101-1480
*Phone:* (619) 230-0400
*Fax:* (619) 325-3688
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: G62532
*NPI:* 1285632711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FULLER, DONALD B , MD**
*Provider ID:* 269238
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123-1338

*Phone:* (858) 505-4100
*Fax:*
*After Hours Phone:* (858) 505-4100
*Provider Gender:* Male
*License number*: G62532
*NPI:* 1285632711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HATTANGADI GLUTH, JONA A , MD**
*Provider ID:* 254496
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A122308
*NPI:* 1467625491
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HATTANGADI GLUTH, JONA A**
*Provider ID:* 262270
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A122308
*NPI:* 1467625491
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-5PM, F 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HOOPES, DAVID J**
*Provider ID:* 262206
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (559) 447-4949
*Fax:* (559) 447-4925
*After Hours Phone:* (559) 447-4949
*Provider Gender:* Male
*License number*: C128063
*NPI:* 1962520080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HOOPES, DAVID J , MD**
*Provider ID:* 269725

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (559) 447-4949
*Fax:* (559) 447-4925
*After Hours Phone:* (559) 447-4949
*Provider Gender:* Male
*License number*: C128063
*NPI:* 1962520080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**IJAZ, TAHIR, MD**
*Provider ID:* 269245
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123-1338
*Phone:* (858) 505-4100
*Fax:* (858) 429-7939
*After Hours Phone:* (858) 505-4100
*Provider Gender:* Male
*License number*: A52748
*NPI:* 1225036742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**IJAZ, TAHIR, MD**
*Provider ID:* 269246
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3366 5TH AVE
SAN DIEGO, CA 92103-5713
*Phone:* (619) 230-0400
*Fax:* (858) 429-7936
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A52748
*NPI:* 1225036742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**IJAZ, TAHIR**
*Provider ID:* 55269
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
3366 5TH AVE
SAN DIEGO, CA 92103-5713
*Phone:* (619) 230-0400
*Fax:* (858) 429-7936
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A52748
*NPI:* 1225036742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**
*Provider ID:* 268784
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR # 0 LEVEL
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Male
*License number*: A99269
*NPI:* 1720314107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MACEWAN, IAIN J**
*Provider ID:* 206088
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7458
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 549-7458
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**MACEWAN, IAIN J , MD**
*Provider ID:* 255730
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A129079
*NPI:* 1326300401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

**MAYADEV, JYOTI S , MD**
*Provider ID:* 256153
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A109372
*NPI:* 1902906902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MAYADEV, JYOTI S**
*Provider ID:* 262219
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Female
*License number*: A109372
*NPI:* 1902906902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Uc Davis Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MELL, LOREN K , MD**
*Provider ID:* 255893
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A104704
*NPI:* 1316119704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MELL, LOREN K**
*Provider ID:* 262153
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A104704
*NPI:* 1316119704
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MURPHY, JAMES D**
*Provider ID:* 262401
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (559) 447-4949
*Fax:* (559) 447-4925
*After Hours Phone:* (559) 447-4949
*Provider Gender:* Male
*License number*: A105348
*NPI:* 1730382631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MURPHY, KEVIN T , MD**
*Provider ID:* 242618
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A82350
*NPI:* 1730104167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MURPHY, KEVIN T**
*Provider ID:* 262179
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A82350
*NPI:* 1730104167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PEJAVAR, SUNANDA M , MD**
*Provider ID:* 221077
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Female
*License number*: A103733
*NPI:* 1912232513
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kannada, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSE, BRENT S**
*Provider ID:* 125050
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A142735
*NPI:* 1518250869

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSE, BRENT S , MD**
*Provider ID:* 256307
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A142735
*NPI:* 1518250869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSSI, CARL J**
*Provider ID:* 289131
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD # 101
SAN DIEGO, CA 92121-3101
*Phone:* (858) 345-2445
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 345-2445
*Provider Gender:* Male
*License number*: G66352
*NPI:* 1518983055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROSSI, CARL J**
*Provider ID:* 81385
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7458
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 549-7458
*Provider Gender:* Male
*License number*: G66352
*NPI:* 1518983055
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SANDHU, AJAY P , MD**
*Provider ID:* 247978
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A69947
*NPI:* 1881610137

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SANDHU, AJAY P**
*Provider ID:* 262196
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A69947
*NPI:* 1881610137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SANGHVI, PARAG R**
*Provider ID:* 206140
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7458
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 549-7458
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SANGHVI, PARAG R , MD**
*Provider ID:* 248043
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD
SAN DIEGO, CA 92127-3445
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SANGHVI, PARAG R**
*Provider ID:* 262323
*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD # 3
SAN DIEGO, CA 92127-3445
*Phone:* (559) 447-4949
*Fax:* (559) 447-4925
*After Hours Phone:* (559) 447-4949
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SANGHVI, PARAG R , MD**
*Provider ID:* 270039
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 309-6585
*Fax:* (858) 309-6593
*After Hours Phone:* (858) 309-6585
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SANGHVI, PARAG R , MD**
*Provider ID:* 270040
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9730 SUMMERS RIDGE RD
SAN DIEGO, CA 92121-3101
*Phone:* (858) 549-7400
*Fax:* (858) 578-1144
*After Hours Phone:* (858) 549-7400
*Provider Gender:* Male
*License number*: A105184
*NPI:* 1801005152
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SHARABI, ANDREW B , MD**
*Provider ID:* 257024
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A136977
*NPI:* 1043531213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHARABI, ANDREW B**
*Provider ID:* 262164
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A136977
*NPI:* 1043531213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHIRAZI, REZA**
*Provider ID:* 121532
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123-1338
*Phone:* (858) 505-4100
*Fax:*
*After Hours Phone:* (858) 505-4100
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIRAZI, REZA, MD**
*Provider ID:* 269249
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123-1338
*Phone:* (858) 505-4100
*Fax:* (858) 429-7939
*After Hours Phone:* (858) 505-4100
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIRAZI, REZA, MD**
*Provider ID:* 269250
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3366 5TH AVE
SAN DIEGO, CA 92103-5713
*Phone:* (619) 230-0400
*Fax:* (858) 429-7936
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps

Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHIRAZI, REZA**
*Provider ID:* 66092
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
3366 5TH AVE
SAN DIEGO, CA 92103-5713
*Phone:* (619) 230-0400
*Fax:* (858) 429-7936
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A95800
*NPI:* 1336175272
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Persian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SIMPSON, DANIEL R , MD**
*Provider ID:* 256193
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A118377
*NPI:* 1689974883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/122
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SIMPSON, DANIEL R**
*Provider ID:* 262134
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A118377
*NPI:* 1689974883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**UHL, BARRY M , MD**
*Provider ID:* 243528
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Male

*License number*: A71969
*NPI:* 1811936693
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VOLPP, PAUL B , MD**
*Provider ID:* 221105
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Male
*License number*: A86307
*NPI:* 1225186232
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WEINSTEIN, GEOFFREY D , MD**
*Provider ID:* 220039
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3075 HEALTH CENTER DR
SAN DIEGO, CA 92123-2773
*Phone:* (858) 939-5010
*Fax:* (858) 939-5021
*After Hours Phone:* (858) 939-5010
*Provider Gender:* Male
*License number*: A54109
*NPI:* 1841233947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 19/100
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**AGANOVIC, LEJLA**
*Provider ID:* 114044
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A101098
*NPI:* 1003807652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALLEN, DERRICK R**
*Provider ID:* 115873
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500

*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R**
*Provider ID:* 125982
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268354
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1809 NATIONAL AVE # 2104
SAN DIEGO, CA 92113-2113
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268355
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (888) 685-4016
*Fax:* (866) 558-4329
*After Hours Phone:* (888) 685-4016
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 268357
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALQAHTANI, EMAN N**
*Provider ID:* 126409
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A138391
*NPI:* 1104169564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANDERSON, GREGORY S**
*Provider ID:* 115874
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ANDERSON, GREGORY S**
*Provider ID:* 125981
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A90018
*NPI:* 1841467099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ARYAFAR, HAMED**
*Provider ID:* 63784
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A99187
*NPI:* 1093963605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ARYAFAR, HAMED**
*Provider ID:* 64269
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A99187
*NPI:* 1093963605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAHADOR, FARSHAD M**
*Provider ID:* 104318
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A129414
*NPI:* 1730316928
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAHADOR, FARSHAD M**
*Provider ID:* 104323
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A129414
*NPI:* 1730316928
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 115588
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BAKER, LORI L**
*Provider ID:* 125991
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G62517
*NPI:* 1063465219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BERGMAN, ERIK W**
*Provider ID:* 125001
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: C153284
*NPI:* 1043291073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BERGMAN, ERIK W**
*Provider ID:* 125005
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9420
*Fax:*
*After Hours Phone:* (619) 471-9420
*Provider Gender:* Male
*License number*: C153284
*NPI:* 1043291073
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 115876
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com

*Email:*
*Medical Group(s):*
*IPA:*

**BORSO, MAYA G**
*Provider ID:* 126000
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A97134
*NPI:* 1548473507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**BRADLEY, WILLIAM R**
*Provider ID:* 271433
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A167142
*NPI:* 1780066803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRADLEY, WILLIAM R**
*Provider ID:* 271435
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A167142
*NPI:* 1780066803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BROUHA, SHARON S**
*Provider ID:* 63823
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A91973
*NPI:* 1356554323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BROUHA, SHARON S**
*Provider ID:* 64278
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A91973
*NPI:* 1356554323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BUCKLEY, DAVID W**
*Provider ID:* 243260
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (619) 295-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 295-9729
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUCKLEY, DAVID W**
*Provider ID:* 243261
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUCKLEY, DAVID W**
*Provider ID:* 243266
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUCKLEY, DAVID W**

*Provider ID:* 243268
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:*
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: G57383
*NPI:* 1982657060
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BUI, KEVIN T**
*Provider ID:* 280518
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A134576
*NPI:* 1578906186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUI, KEVIN T**
*Provider ID:* 280520
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A134576
*NPI:* 1578906186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CASOLA, GIOVANNA**
*Provider ID:* 63835
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G51575
*NPI:* 1790721256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CASOLA, GIOVANNA**
*Provider ID:* 64281
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Female
*License number*: G51575
*NPI:* 1790721256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Italian
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHANG, ERIC Y**
*Provider ID:* 63840
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A97139
*NPI:* 1376756353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, JAMES Y**
*Provider ID:* 63844
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A108635
*NPI:* 1427250588
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, JAMES Y**
*Provider ID:* 64284
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A108635
*NPI:* 1427250588
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, KAREN C**
*Provider ID:* 63846
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A110719
*NPI:* 1437377710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, KAREN C**
*Provider ID:* 64285
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A110719
*NPI:* 1437377710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHOU, ERIC T**
*Provider ID:* 116991
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 126004
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHUNG, CHRISTINE B**
*Provider ID:* 63854
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A65414
*NPI:* 1528033560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHUNG, CHRISTINE B**
*Provider ID:* 64288
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:* (619) 471-9245
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A65414
*NPI:* 1528033560
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COOPER, JAMES A**
*Provider ID:* 115589
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COOPER, JAMES A**
*Provider ID:* 126039
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DE GUZMAN, JADE Q**
*Provider ID:* 63873
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A102678
*NPI:* 1801089065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DE GUZMAN, JADE Q**
*Provider ID:* 64289
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A102678
*NPI:* 1801089065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DOEMENY, JOHN M**
*Provider ID:* 115877
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 126046
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DORROS, STEPHEN M**
*Provider ID:* 63880
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G29061

*NPI:* 1942319959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DORROS, STEPHEN M**
*Provider ID:* 64292
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G29061
*NPI:* 1942319959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DWEK, JERRY R**
*Provider ID:* 63886
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G86073
*NPI:* 1558335695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DWEK, JERRY R**
*Provider ID:* 64295
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G86073
*NPI:* 1558335695
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EGHTEDARI, MOHAMMAD**
*Provider ID:* 92412
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR

SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A114372
*NPI:* 1740548734
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EVORA, DARRYL K**
*Provider ID:* 63896
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G76577
*NPI:* 1790751188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**EVORA, DARRYL K**
*Provider ID:* 64298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G76577
*NPI:* 1790751188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FARID, NIKDOKHT**
*Provider ID:* 63901
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A94195
*NPI:* 1205151172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FARID, NIKDOKHT**
*Provider ID:* 64301
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A94195
*NPI:* 1205151172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FARID, NIKDOKHT**
*Provider ID:* 91912
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:* (858) 457-4227
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Female
*License number*: A94195
*NPI:* 1205151172
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FIROOZNIA, NILOFAR**
*Provider ID:* 115590
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FIROOZNIA, NILOFAR**
*Provider ID:* 126168
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A109806
*NPI:* 1962521419
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**FLISZAR, EVELYNE**
*Provider ID:* 63907
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A60712
*NPI:* 1164449955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLISZAR, EVELYNE**
*Provider ID:* 64303
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A60712
*NPI:* 1164449955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FLISZAR, EVELYNE**
*Provider ID:* 97463
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:*
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Female
*License number*: A60712
*NPI:* 1164449955
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FORCIER, NANCY J**
*Provider ID:* 286954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G72420
*NPI:* 1497721724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Providence Mission Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**FORCIER, NANCY J**
*Provider ID:* 286956
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G72420
*NPI:* 1497721724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Providence Mission Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FOWLER, KATHRYN J**
*Provider ID:* 201289
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C154877
*NPI:* 1255457941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 12AM-11:59PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FOWLER, KATHRYN J**
*Provider ID:* 201291
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C154877
*NPI:* 1255457941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FRANKE, MARK A**
*Provider ID:* 115878
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 126051
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120846
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120850
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120851
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FRIEND, CHRISTOPHER J**
*Provider ID:* 120857
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: C141231
*NPI:* 1861491516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GENTILI, AMILCARE**
*Provider ID:* 63914
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A44208
*NPI:* 1922086594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GENTILI, AMILCARE**
*Provider ID:* 64307
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A44208
*NPI:* 1922086594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GRISSOM, MURRAY J**
*Provider ID:* 271567
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A147782
*NPI:* 1720465396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GRISSOM, MURRAY J**
*Provider ID:* 271569
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A147782
*NPI:* 1720465396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUO, YUEYANG**
*Provider ID:* 291342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132313
*NPI:* 1033542006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GUO, YUEYANG**
*Provider ID:* 291343
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132313
*NPI:* 1033542006
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HAHN, MICHAEL E**
*Provider ID:* 98501
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119409
*NPI:* 1356573992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAHN, MICHAEL E**
*Provider ID:* 98502
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119409
*NPI:* 1356573992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HANDWERKER, JASON**
*Provider ID:* 98754
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A114704
*NPI:* 1316166630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HANDWERKER, JASON**
*Provider ID:* 98757
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A114704
*NPI:* 1316166630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HANSEN, ROBERT B**
*Provider ID:* 110176
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A97152
*NPI:* 1972643906
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* George L Mee Memorial Hosp, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc, St Josephs Med Center Of Stockton, Memorial Hospital Med Ctr, John C Fremont Hospital, Mountains Community Hosp, Lodi Memorial Hospital, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HARMAN, SCOTT A**
*Provider ID:* 115591
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**HARMAN, SCOTT A**
*Provider ID:* 126064
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G57284
*NPI:* 1124071311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**HAUSCHILDT, JOHN P**
*Provider ID:* 63947
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G76429
*NPI:* 1922072099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HAUSCHILDT, JOHN P**
*Provider ID:* 64318
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G76429
*NPI:* 1922072099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HERNANDEZ, NATHANIEL D**
*Provider ID:* 110164
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A141384
*NPI:* 1427377019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HILLER, LUCAS P**
*Provider ID:* 63957
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91321
*NPI:* 1417160474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HILLER, LUCAS P**
*Provider ID:* 64321
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91321
*NPI:* 1417160474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOROWITZ, MICHAEL J**
*Provider ID:* 126572
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A135132
*NPI:* 1518306851
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HSIAO, ALBERT**
*Provider ID:* 110157
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:* (619) 471-9473
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A105882
*NPI:* 1457546244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, BRADY K**
*Provider ID:* 110528
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:* (858) 554-2699
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Male
*License number*: A108832
*NPI:* 1407860299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, BRADY K**
*Provider ID:* 63969
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A108832
*NPI:* 1407860299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUANG, BRADY K**
*Provider ID:* 64325
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A108832
*NPI:* 1407860299
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HUGHES, TUDOR H**
*Provider ID:* 63971
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A83748
*NPI:* 1932187127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**HUGHES, TUDOR H**
*Provider ID:* 64326
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A83748
*NPI:* 1932187127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IMBESI, STEVEN G**
*Provider ID:* 63978
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G79078
*NPI:* 1891710554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**IMBESI, STEVEN G**
*Provider ID:* 64330
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G79078
*NPI:* 1891710554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ISHIOKA, KEVIN M**
*Provider ID:* 83629
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A93286
*NPI:* 1437362498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ISHIOKA, KEVIN M**
*Provider ID:* 83630

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A93286
*NPI:* 1437362498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**
*Provider ID:* 115880
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**JOHNSON, JOHN O**
*Provider ID:* 126076
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G59632
*NPI:* 1073565792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**KARIMI, AFSHIN**
*Provider ID:* 63993
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A96518
*NPI:* 1952511214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc, Scripps Green Hospital, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**KARIMI, AFSHIN**
*Provider ID:* 64334
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A96518
*NPI:* 1952511214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Persian
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc, Scripps Green Hospital, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, University Of California Irvine Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAROW, DAVID S**
*Provider ID:* 63994
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A96935
*NPI:* 1932490703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KAROW, DAVID S**
*Provider ID:* 64335
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A96935
*NPI:* 1932490703
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KHANNA, PARITOSH**
*Provider ID:* 64000
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: C54827
*NPI:* 1568572832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**KHANNA, PARITOSH**
*Provider ID:* 64338
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: C54827
*NPI:* 1568572832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIKOLSKI, STEVEN G**
*Provider ID:* 64005
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A106307
*NPI:* 1063647485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIKOLSKI, STEVEN G**
*Provider ID:* 64339
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A106307
*NPI:* 1063647485
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINNEY, THOMAS B**
*Provider ID:* 64008
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G64176
*NPI:* 1992732671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**KINNEY, THOMAS B**
*Provider ID:* 64340
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G64176
*NPI:* 1992732671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINNE, ERICA L**
*Provider ID:* 83292
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A110179
*NPI:* 1487803946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KINNE, ERICA L**
*Provider ID:* 83293
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A110179
*NPI:* 1487803946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Loma Linda University Childrens Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KRUK, PETER G**
*Provider ID:* 64021
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A96070
*NPI:* 1366480634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista

Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KRUK, PETER G**
*Provider ID:* 64342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A96070
*NPI:* 1366480634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KUNIYOSHI, JEREMY K**
*Provider ID:* 121392
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A76172
*NPI:* 1124212667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KUNIYOSHI, JEREMY K**
*Provider ID:* 121392
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A76172
*NPI:* 1124212667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KUNIYOSHI, JEREMY K**
*Provider ID:* 121392
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A76172
*NPI:* 1124212667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KUNIYOSHI, JEREMY K**
*Provider ID:* 121392
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A76172
*NPI:* 1124212667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LADD, WILLIAM A**
*Provider ID:* 64024
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G63024
*NPI:* 1063463230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LADD, WILLIAM A**
*Provider ID:* 64343
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G63024
*NPI:* 1063463230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LECOMTE, MATTHEW D**
*Provider ID:* 283487
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171824
*NPI:* 1508210683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**LECOMTE, MATTHEW D**
*Provider ID:* 283489
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171824
*NPI:* 1508210683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LEE, ROLAND R**
*Provider ID:* 64033
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G57800
*NPI:* 1639190028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, ROLAND R**
*Provider ID:* 64346
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-2218
*Fax:* (619) 471-9473
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G57800
*NPI:* 1639190028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIM, VIVIAN**
*Provider ID:* 125928
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: G58509
*NPI:* 1295796753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 118297
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL

GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LIZERBRAM, ERIC K**
*Provider ID:* 126090
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G74959
*NPI:* 1598718926
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**LUBISICH, JOHN P**
*Provider ID:* 115592
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUBISICH, JOHN P**
*Provider ID:* 126096
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MAFEE, MAHMOOD F**
*Provider ID:* 64055
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A31751
*NPI:* 1356431373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAFEE, MAHMOOD F**
*Provider ID:* 64351
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A31751
*NPI:* 1356431373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAREK BYKOWSKI, JULIE L**
*Provider ID:* 64063
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A96803
*NPI:* 1699988667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAREK BYKOWSKI, JULIE L**
*Provider ID:* 64354
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A96803
*NPI:* 1699988667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MAREK BYKOWSKI, JULIE L**
*Provider ID:* 89937
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:* (858) 457-4231
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Female
*License number*: A96803
*NPI:* 1699988667

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEIGS, JASON G**
*Provider ID:* 118450
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: 20A15523
*NPI:* 1790047371
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Mountains Community Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 118221
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 118222
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 118373
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEISINGER, QUINN C**
*Provider ID:* 118376
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A123683
*NPI:* 1215222757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MINOCHA, JEET**
*Provider ID:* 90536
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A132823
*NPI:* 1548416266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MISRA, CHANDAN**
*Provider ID:* 118479
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A146108
*NPI:* 1821356825
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MISRA, CHANDAN**
*Provider ID:* 118481
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A146108
*NPI:* 1821356825
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:*

**MOFFIT, BRIAN J**
*Provider ID:* 115883
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 126117
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MURPHY, PAUL M**
*Provider ID:* 116425
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A123586
*NPI:* 1295050946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Santa Monica Ucla Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAHEEDY, JOHN H**
*Provider ID:* 64102
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A99832
*NPI:* 1760695761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NAHEEDY, JOHN H**
*Provider ID:* 64360
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A99832
*NPI:* 1760695761
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NEWTON, ISABEL G**
*Provider ID:* 84298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A108128
*NPI:* 1306068697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NEWTON, ISABEL G**
*Provider ID:* 84300
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A108128
*NPI:* 1306068697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NORBASH, ALEXANDER M**
*Provider ID:* 125625
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G62865
*NPI:* 1790752269
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**NORBASH, ALEXANDER M**
*Provider ID:* 125630
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA

330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G62865
*NPI:* 1790752269
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBOYLE, MARY K**
*Provider ID:* 64114
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G73501
*NPI:* 1568487999
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBOYLE, MARY K**
*Provider ID:* 64362
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-3405
*Fax:*
*After Hours Phone:* (619) 543-3405
*Provider Gender:* Female
*License number*: G73501
*NPI:* 1568487999
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBRZUT, SEBASTIAN**
*Provider ID:* 64116
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A85028
*NPI:* 1083714398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OBRZUT, SEBASTIAN**
*Provider ID:* 64363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A85028
*NPI:* 1083714398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OJEDA-FOURNIER, HAYDEE**
*Provider ID:* 64118
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A99462
*NPI:* 1871537191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OJEDA-FOURNIER, HAYDEE**
*Provider ID:* 64364
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A99462
*NPI:* 1871537191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**OLOUGHLIN, BRIAN J**
*Provider ID:* 115593
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OLOUGHLIN, BRIAN J**
*Provider ID:* 126123
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:*
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A120064
*NPI:* 1972709087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-7PM, SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 115594
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**OSHAUGHNESSY, LOUISE S**
*Provider ID:* 126129
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: G48800
*NPI:* 1285685925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**PAKBAZ, RAMIN S**
*Provider ID:* 64125
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A73947
*NPI:* 1811072457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sutter Roseville Medical Center, Mercy General Hospital, Mercy San Juan Medical Center, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAKBAZ, RAMIN S**
*Provider ID:* 64367
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A73947
*NPI:* 1811072457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Sutter Roseville Medical Center, Mercy General Hospital, Mercy San Juan Medical Center, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Paradise Valley Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATHRIA, MINI N**
*Provider ID:* 64133
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A43771
*NPI:* 1699739318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATHRIA, MINI N**
*Provider ID:* 64368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A43771
*NPI:* 1699739318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATIL, AMOL A**
*Provider ID:* 98852
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A133973
*NPI:* 1225355720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Sierra Vista Regional Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Goleta Valley Cottage Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATIL, AMOL A**
*Provider ID:* 98853
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A133973

*NPI:* 1225355720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Hindi
*Cultural Competency:* No
*Hospital Affiliation:* Sierra Vista Regional Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Goleta Valley Cottage Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PRETORIUS, DOLORES H**
*Provider ID:* 64147
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: C39102
*NPI:* 1902839418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PRETORIUS, DOLORES H**
*Provider ID:* 64370
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9420
*Fax:*
*After Hours Phone:* (619) 471-9420
*Provider Gender:* Female
*License number*: C39102
*NPI:* 1902839418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RAKOW-PENNER, REBECCA A**
*Provider ID:* 118624
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A128755
*NPI:* 1558651497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RATTNER, ZACHARY G**
*Provider ID:* 35244
*Board Certified Specialty:* No
SOUTHERN CALIFORNIA INTERVENTIONAL ASSOC
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102-4544
*Phone:* (619) 263-9729
*Fax:* (858) 454-4644
*After Hours Phone:* (619) 263-9729
*Provider Gender:* Male
*License number*: G86843
*NPI:* 1003867276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Memorial Hospital Encinitas,

Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RESNICK, DONALD L**
*Provider ID:* 64157
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: G18577
*NPI:* 1164450938
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RESNICK, DONALD L**
*Provider ID:* 64372
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: G18577
*NPI:* 1164450938
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIAD, SHAREEF M**
*Provider ID:* 64158
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A106536
*NPI:* 1417111477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Doctors Medical Center, West Hills Hospital Medical Center, Salinas Valley Memorial Hosp, Riverside Community Hosp, Parkview Community Hospital Medical Center, St Bernardine Med Ctr, Community Hosp Of San Bernardino, Kindred Hospital Ontario, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RIAD, SHAREEF M**
*Provider ID:* 64373
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 543-3000
*Fax:*
*After Hours Phone:* (619) 543-3000
*Provider Gender:* Male
*License number*: A106536
*NPI:* 1417111477
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Doctors

Medical Center, West Hills Hospital Medical Center, Salinas Valley Memorial Hosp, Riverside Community Hosp, Parkview Community Hospital Medical Center, St Bernardine Med Ctr, Community Hosp Of San Bernardino, Kindred Hospital Ontario, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RICHMAN, KATHERINE M**
*Provider ID:* 64159
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: G80333
*NPI:* 1992898993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**RICHMAN, KATHERINE M**
*Provider ID:* 64374
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: G80333
*NPI:* 1992898993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTS, ANNE C**
*Provider ID:* 64162
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G58654
*NPI:* 1669497996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTS, ANNE C**
*Provider ID:* 64376
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: G58654
*NPI:* 1669497996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROMINE, LORENE E**
*Provider ID:* 64165
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A87658
*NPI:* 1720209786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Cedars Sinai Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROMINE, LORENE E**
*Provider ID:* 64378
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A87658
*NPI:* 1720209786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Cedars Sinai Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANTILLAN, CYNTHIA S**
*Provider ID:* 103164
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:*
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Female
*License number*: A90879
*NPI:* 1932132404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SANTILLAN, CYNTHIA S**
*Provider ID:* 64179
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A90879
*NPI:* 1932132404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:*

**SANTILLAN, CYNTHIA S**
*Provider ID:* 64382
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A90879
*NPI:* 1932132404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 115894
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHECHTER, MARK S**
*Provider ID:* 126135
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G42390
*NPI:* 1942253018
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista, Adventist Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SCHWARTZBERG, ROSS E**
*Provider ID:* 115895
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 126142
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SIRLIN, CLAUDE B**
*Provider ID:* 64203
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G80184
*NPI:* 1730261793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SIRLIN, CLAUDE B**
*Provider ID:* 64387
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G80184
*NPI:* 1730261793
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SLATER, JERRY**
*Provider ID:* 283310
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172254
*NPI:* 1851746382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SLATER, JERRY**
*Provider ID:* 283312
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172254
*NPI:* 1851746382
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SMITAMAN, EDWARD**
*Provider ID:* 110530
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
8929 UNIVERSITY CENTER LN STE 101
SAN DIEGO, CA 92122-1007
*Phone:* (858) 457-4227
*Fax:* (858) 457-4231
*After Hours Phone:* (858) 457-4227
*Provider Gender:* Male
*License number*: A119696
*NPI:* 1477720092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITAMAN, EDWARD**
*Provider ID:* 64207
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119696
*NPI:* 1477720092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SMITAMAN, EDWARD**
*Provider ID:* 64389
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A119696
*NPI:* 1477720092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SNYDER, WILLIAM C**
*Provider ID:* 115896
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male

*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SNYDER, WILLIAM C**
*Provider ID:* 126149
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A65059
*NPI:* 1477505162
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 115595
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**SPOTO, GARY P**
*Provider ID:* 126155
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G58131
*NPI:* 1659332062
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**STANFILL, JOHN G**
*Provider ID:* 84901
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A124808
*NPI:* 1831364330
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUN, ALEX W**
*Provider ID:* 268632
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A133334
*NPI:* 1538502331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SU, TEDDY J**
*Provider ID:* 100417
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A105730
*NPI:* 1003881830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Mandarin, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Sutter Roseville Medical Center, Sutter Medical Center Sacramento, Sutter Auburn Faith Hosp, Sutter Davis Hospital, Sutter Surgical Hospital North Valley
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TADROS, ANTHONY S**
*Provider ID:* 268546
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128627
*NPI:* 1306112057
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126827
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222

*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126829
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126831
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TAMAYO-MURILLO, DORATHY E**
*Provider ID:* 126833
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A152645
*NPI:* 1700225711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TENA, ROWENA G**
*Provider ID:* 115897
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G**
*Provider ID:* 126161
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TOBIN, MICHAEL L**
*Provider ID:* 115898
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TOBIN, MICHAEL L**
*Provider ID:* 126212
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A45908
*NPI:* 1730132150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 115596
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital,

Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Palomar Heatlh
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TSUKADA, GLENN H**
*Provider ID:* 126199
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A60235
*NPI:* 1710938394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**TYAGI, AVISHKAR**
*Provider ID:* 84932
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A123065
*NPI:* 1740440148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Palomar Heatlh, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TYAGI, AVISHKAR**
*Provider ID:* 84934
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A123065
*NPI:* 1740440148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Palomar Heatlh, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VINOCUR, DANIEL N**
*Provider ID:* 64243
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A115727
*NPI:* 1770711830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**VINOCUR, DANIEL N**
*Provider ID:* 64394
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A115727
*NPI:* 1770711830
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WAGNER, THAO N**
*Provider ID:* 84943
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A123521
*NPI:* 1821067935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WAGNER, THAO N**
*Provider ID:* 84945
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A123521
*NPI:* 1821067935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALLACE, DAVID R**
*Provider ID:* 98888
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A136122
*NPI:* 1265743595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WALLACE, DAVID R**
*Provider ID:* 98890
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A136122
*NPI:* 1265743595
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, LEE L**
*Provider ID:* 118160
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Male
*License number*: A146921
*NPI:* 1003119975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WANG, LEE L**
*Provider ID:* 118162
*Board Certified Specialty:* No
UCSD RADIOLOGY AT LA JOLLA
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (691) 471-9240
*Fax:*
*After Hours Phone:* (691) 471-9240
*Provider Gender:* Male
*License number*: A146921
*NPI:* 1003119975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEIHE, ELIZABETH**
*Provider ID:* 102368
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Female
*License number*: A135679
*NPI:* 1386884302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WEIHE, ELIZABETH**
*Provider ID:* 121941
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-2218
*Fax:*
*After Hours Phone:* (619) 543-2218
*Provider Gender:* Female
*License number*: A135679
*NPI:* 1386884302
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YEN, ANDREW C**
*Provider ID:* 64263
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR # I505
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A89413
*NPI:* 1942499116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YEN, ANDREW C**
*Provider ID:* 64398
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A89413
*NPI:* 1942499116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZAKHARY, MINA M**
*Provider ID:* 84250
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (619) 471-9240
*Fax:*
*After Hours Phone:* (619) 471-9240
*Provider Gender:* Male
*License number*: A124821
*NPI:* 1114185626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Hebrew

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 115904
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (619) 295-2549
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

**ZINK BRODY, GORDON C**
*Provider ID:* 126192
*Board Certified Specialty:* No
IHS RADIOLOGY MEDICAL GROUP INC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (858) 658-6500
*Fax:* (619) 229-2288
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G68636
*NPI:* 1689610362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
www.imaginghealthcare.com
*Email:*
*Medical Group(s):*
*IPA:*

## RADIOLOGY DIAGNOSTIC

**BECKETT, RYAN D**
*Provider ID:* 283216
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172431
*NPI:* 1932561347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BECKETT, RYAN D**
*Provider ID:* 283218
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172431
*NPI:* 1932561347
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHENG, KAREN Y**
*Provider ID:* 283226
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144517
*NPI:* 1427430511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHENG, KAREN Y**
*Provider ID:* 283228
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A144517
*NPI:* 1427430511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COVELL, DUSTIN M**
*Provider ID:* 239900
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160221
*NPI:* 1942615893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**COVELL, DUSTIN M**
*Provider ID:* 239902
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A160221
*NPI:* 1942615893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EAJAZI, ALIREZA**
*Provider ID:* 283521
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171288
*NPI:* 1669835005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EAJAZI, ALIREZA**
*Provider ID:* 283523
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171288
*NPI:* 1669835005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MORENO, MARIO A**
*Provider ID:* 283315
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151572
*NPI:* 1871957308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MORENO, MARIO A**
*Provider ID:* 283317
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151572
*NPI:* 1871957308
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHULTZ, HEATHER M**
*Provider ID:* 240342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A139567
*NPI:* 1871910810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHULTZ, HEATHER M**
*Provider ID:* 240344
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A139567
*NPI:* 1871910810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YORK, VINCENT M**
*Provider ID:* 283517
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170712
*NPI:* 1790146611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**YORK, VINCENT M**
*Provider ID:* 283519
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
330 LEWIS ST # 202
SAN DIEGO, CA 92103-2108
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170712
*NPI:* 1790146611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## RADIOLOGY

**ALLEN, DERRICK R , MD**
*Provider ID:* 269614
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (619) 295-9729
*Fax:* (619) 342-2131
*After Hours Phone:* (619) 295-9729
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 269615
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ALLEN, DERRICK R , MD**
*Provider ID:* 269617
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 243395
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (619) 819-6501
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 819-6501
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 243396
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 819-6501
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 819-6501
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHOU, ERIC T**
*Provider ID:* 243397
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A96095
*NPI:* 1689627838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COOPER, JAMES A**
*Provider ID:* 242475
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111
*Provider Gender:* Male
*License number*: A62473
*NPI:* 1497708622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269746
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269747
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269752
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269753
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1809 NATIONAL AVE # 2104
SAN DIEGO, CA 92113-2113
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269756
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269757
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269632
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500

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*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269637
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269638
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1809 NATIONAL AVE # 2104
SAN DIEGO, CA 92113-2113
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269640
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269641
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FRANKE, MARK A**
*Provider ID:* 269642
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: A118792
*NPI:* 1114246329
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUBISICH, JOHN P**
*Provider ID:* 244953
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6655 ALVARADO RD
SAN DIEGO, CA 92120-5208
*Phone:* (866) 558-4320
*Fax:* (866) 558-4329
*After Hours Phone:* (866) 558-4320
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LUBISICH, JOHN P**
*Provider ID:* 244954
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G77575
*NPI:* 1194863902
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269525
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269526
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269530
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269531
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1809 NATIONAL AVE # 2104
SAN DIEGO, CA 92113-2113
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269534
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269536
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111

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*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RATTNER, ZACHARY G , MD**
*Provider ID:* 269895
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102-4544
*Phone:* (619) 263-9729
*Fax:* (619) 263-9730
*After Hours Phone:* (619) 263-9729
*Provider Gender:* Male
*License number*: G86843
*NPI:* 1003867276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SABIR, SHARJEEL H**
*Provider ID:* 269857
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 862-6500
*Fax:*
*After Hours Phone:* (619) 862-6500
*Provider Gender:* Male
*License number*: C158962
*NPI:* 1154599314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245624
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (619) 295-9729
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 295-9729
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245625
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245626
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245631
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**
*Provider ID:* 245632
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Male
*License number*: G72997
*NPI:* 1215976766
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**STRAKA, CHRISTOPHER A**
*Provider ID:* 276875
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD STE 103
SAN DIEGO, CA 92127-3455
*Phone:* (858) 649-5100
*Fax:* (858) 649-5099
*After Hours Phone:* (858) 649-5100
*Provider Gender:* Male
*License number*: A145989
*NPI:* 1801281399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 17/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 265583
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC
1809 NATIONAL AVE # 2104
SAN DIEGO, CA 92113-2113
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269822
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
150 W WASHINGTON ST
SAN DIEGO, CA 92103-2005
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269827
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123-1804
*Phone:* (858) 658-6500
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 658-6500
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269828
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6386 ALVARADO CT STE 121
SAN DIEGO, CA 92120-4906
*Phone:* (619) 229-2299
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 229-2299
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269830
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4077 5TH AVE
SAN DIEGO, CA 92103-2105

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 294-8111
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 294-8111
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TENA, ROWENA G , MD**
*Provider ID:* 269832
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
550 WASHINGTON ST STE 200
SAN DIEGO, CA 92103-2243
*Phone:* (619) 260-7225
*Fax:* (866) 558-4329
*After Hours Phone:* (619) 260-7225
*Provider Gender:* Female
*License number*: A69607
*NPI:* 1629029335
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VAKILIAN, SIAVOSH**
*Provider ID:* 283205
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3366 5TH AVE
SAN DIEGO, CA 92103-5713
*Phone:* (619) 230-0400
*Fax:* (858) 429-7936
*After Hours Phone:* (619) 230-0400
*Provider Gender:* Male
*License number*: A133482
*NPI:* 1427456151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VAKILIAN, SIAVOSH**
*Provider ID:* 283207
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123-1338
*Phone:* (858) 505-4100
*Fax:* (858) 429-7939
*After Hours Phone:* (858) 505-4100
*Provider Gender:* Male
*License number*: A133482
*NPI:* 1427456151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED DIETITIAN / NUTRITIONIST

**CALLAWAY, MALLORY R**
*Provider ID:* 287926
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female

*License number*: 86005489
*NPI:* 1477207611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FISHER, JENNIFER J**
*Provider ID:* 286339
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-0438
*Fax:* (619) 543-3763
*After Hours Phone:* (619) 471-0438
*Provider Gender:* Female
*License number*: 962434
*NPI:* 1538312657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FISHER, JENNIFER J**
*Provider ID:* 286340
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 962434
*NPI:* 1538312657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ROBERTS, TRACI L**
*Provider ID:* 268240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 86084895
*NPI:* 1003385691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SIEVERING, DENISE**
*Provider ID:* 268250
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103-2030
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 86061948
*NPI:* 1356478929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Ucsd Medical Group

**REGISTERED PHYSICAL THERAPIST**

**AGRIMIS, JESSICA E**
*Provider ID:* 206957
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295027
*NPI:* 1790203388
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AGUERO, PETER D**
*Provider ID:* 258298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT43257
*NPI:* 1982120861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AGUERO, PETER D**
*Provider ID:* 258299
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
9333 GENESEE AVE STE 310
SAN DIEGO, CA 92121-2103
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT43257
*NPI:* 1982120861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARTZ, BRYAN M**
*Provider ID:* 273380
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT40270
*NPI:* 1669818993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARTZ, BRYAN M**
*Provider ID:* 273381
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT40270
*NPI:* 1669818993
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BECHERER, KELLEY D**
*Provider ID:* 270969
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3760 CONVOY ST STE 101
SAN DIEGO, CA 92111-3743
*Phone:* (855) 543-0333
*Fax:*
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: PT43240
*NPI:* 1306219472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**BERGERON, PATRICK R**
*Provider ID:* 206534
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT41083
*NPI:* 1285061390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BLOCKER, NIRIT S**
*Provider ID:* 76189
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: PT30272
*NPI:* 1457689309
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**BUNOSKY, ABIGAIL S**
*Provider ID:* 246022
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT40519
*NPI:* 1780018416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUNOSKY, ABIGAIL S**
*Provider ID:* 258304
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT40519
*NPI:* 1780018416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BURGESS, CATHERINE E**
*Provider ID:* 258347
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT35850
*NPI:* 1205287687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CORTEZ, AARON J**
*Provider ID:* 279194
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT293439
*NPI:* 1639693187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DAHMS, MADELYNN**
*Provider ID:* 129949
*Board Certified Specialty:* No
LOGAN HEIGHTS FAMILY HEALTH CENTER
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Provider Gender:* Female
*License number*: PT295463
*NPI:* 1245712702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sign Language
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Logan Heights Family Health Center
*IPA:*

**DANG, ERIC A**
*Provider ID:* 258363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN
STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (858) 543-3333
*Fax:* (858) 657-1809
*After Hours Phone:* (858) 543-3333
*Provider Gender:* Male
*License number*: PT292174
*NPI:* 1891237756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DANG, KAYLEE T**
*Provider ID:* 279261
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295178
*NPI:* 1316426356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DELASANTOS, CAMERON J**
*Provider ID:* 269849
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
295 G ST
SAN DIEGO, CA 92101-6808
*Phone:* (619) 238-4318
*Fax:* (619) 238-4320
*After Hours Phone:* (619) 238-4318
*Provider Gender:* Male
*License number*: PT293413
*NPI:* 1689199192
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ELANDT, EMILY**
*Provider ID:* 285183
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT298134
*NPI:* 1942818505
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HARRAH, WILLIAM A**
*Provider ID:* 269689
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350B
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-8584
*Fax:* (858) 455-7302
*After Hours Phone:* (858) 455-8584
*Provider Gender:* Male
*License number*: PT9919
*NPI:* 1831297027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEIM, JESSICA L**
*Provider ID:* 124037
*Board Certified Specialty:* No
SAN DIEGO SPINE AND SPORT INC
3760 CONVOY ST STE 100
SAN DIEGO, CA 92111-3743
*Phone:* (858) 573-9368
*Fax:*
*After Hours Phone:* (858) 573-9368
*Provider Gender:* Female
*License number*: PT294241
*NPI:* 1295241537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
www.spineandsport.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HEIM, JESSICA L**
*Provider ID:* 269760
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3760 CONVOY ST STE 100
SAN DIEGO, CA 92111-3743
*Phone:* (858) 573-9368
*Fax:* (858) 874-0582
*After Hours Phone:* (858) 573-9368
*Provider Gender:* Female
*License number*: PT294241
*NPI:* 1295241537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W 7AM-6PM, TU,TH 7AM-5PM, F 7AM-4PM, SA 7AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**JUNG, CALVIN D**
*Provider ID:* 271605
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9909 MIRA MESA BLVD STE 120
SAN DIEGO, CA 92131-1060
*Phone:* (858) 693-0436
*Fax:* (858) 693-0437
*After Hours Phone:* (858) 693-0436
*Provider Gender:* Male
*License number*: PT42181
*NPI:* 1972997690
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KAMPH, ALEXANDRA D**
*Provider ID:* 271606
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9909 MIRA MESA BLVD STE 120
SAN DIEGO, CA 92131-1060
*Phone:* (619) 448-4860
*Fax:*
*After Hours Phone:* (619) 448-4860
*Provider Gender:* Female
*License number*: PT41577
*NPI:* 1801298112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LLOYD, CHRISTOPHER J**
*Provider ID:* 117122
*Board Certified Specialty:* No
SAN DIEGO SPINE AND SPORT INC

3760 CONVOY ST STE 100
SAN DIEGO, CA 92111-3743
*Phone:* (858) 573-9368
*Fax:*
*After Hours Phone:* (858) 573-9368
*Provider Gender:* Male
*License number*: PT43591
*NPI:* 1205292356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.spineandsport.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LLOYD, CHRISTOPHER J**
*Provider ID:* 271014
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
295 G ST
SAN DIEGO, CA 92101-6808
*Phone:* (888) 208-8526
*Fax:*
*After Hours Phone:* (888) 208-8526
*Provider Gender:* Male
*License number*: PT43591
*NPI:* 1205292356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MC ELROY, CARTER J**
*Provider ID:* 206522
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: PT26005
*NPI:* 1114472230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MC ELROY, CARTER J**
*Provider ID:* 206523
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT26005
*NPI:* 1114472230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Thai
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MITCHELL, JEFFREY A**
*Provider ID:* 127532
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 1
SAN DIEGO, CA 92121-3018
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: PT37484
*NPI:* 1497827638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOELLER, LISA K**
*Provider ID:* 258405
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6530
*Fax:* (619) 543-7864
*After Hours Phone:* (619) 543-6530
*Provider Gender:* Female
*License number*: PT18807
*NPI:* 1033664677
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NALBANDIAN, SARAH**
*Provider ID:* 210313
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 540-3333
*Fax:* (858) 657-1809
*After Hours Phone:* (855) 540-3333
*Provider Gender:* Female
*License number*: PT295291
*NPI:* 1871069922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NALBANDIAN, SARAH**
*Provider ID:* 210314
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295291
*NPI:* 1871069922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NEGRETE, KRISTINE C**
*Provider ID:* 201316
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT295226
*NPI:* 1528536638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**NGUYEN, HARRY D**
*Provider ID:* 271871
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT294903
*NPI:* 1629558499
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NUTHALL, KAITLIN M**
*Provider ID:* 202326
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (858) 249-0832
*Fax:* (858) 657-1809
*After Hours Phone:* (858) 249-0832
*Provider Gender:* Female
*License number*: PT291757
*NPI:* 1992210090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OWENS, JADRIANE C**
*Provider ID:* 269738
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
585 SATURN BLVD STE A
SAN DIEGO, CA 92154-4721
*Phone:* (619) 591-1190
*Fax:* (619) 565-1656
*After Hours Phone:* (619) 591-1190
*Provider Gender:* Female
*License number*: PT292222
*NPI:* 1689112179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RICKERTS, MATTHEW M**
*Provider ID:* 287652
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT42905
*NPI:* 1063882579
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUDD, CHRISTOPHER D**
*Provider ID:* 207560
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT291997

*NPI:* 1831539337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RUTKOWSKI, KENNETH T**
*Provider ID:* 258432
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: PT40227
*NPI:* 1629121488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANO, NISHIKI**
*Provider ID:* 276718
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT296276
*NPI:* 1497399091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHAH, ZALAK**
*Provider ID:* 269676
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
295 G ST
SAN DIEGO, CA 92101-6808
*Phone:* (619) 238-4318
*Fax:*
*After Hours Phone:* (619) 238-4318
*Provider Gender:* Female
*License number*: PT296627
*NPI:* 1952855975
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SKINNER, NICOLE J**
*Provider ID:* 206547
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT18043
*NPI:* 1386964997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**STREM, BRENDAN S**
*Provider ID:* 117197
*Board Certified Specialty:* No
SAN DIEGO SPINE AND SPORT INC
3760 CONVOY ST STE 100
SAN DIEGO, CA 92111-3743
*Phone:* (858) 573-9368
*Fax:* (858) 874-0582
*After Hours Phone:* (858) 573-9368
*Provider Gender:* Male
*License number*: PT38107
*NPI:* 1033498084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W 7AM-6PM, TU,TH 7AM-5PM, F 7AM-4PM, SA 9AM-5PM
*Website:* www.spineandsport.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**STREM, BRENDAN S**
*Provider ID:* 271424
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3760 CONVOY ST STE 100
SAN DIEGO, CA 92111-3743
*Phone:* (858) 573-9368
*Fax:* (858) 874-0582
*After Hours Phone:* (858) 573-9368
*Provider Gender:* Male
*License number*: PT38107
*NPI:* 1033498084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**THOMASON, ERICA M**
*Provider ID:* 271593
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9909 MIRA MESA BLVD
SAN DIEGO, CA 92131-1056
*Phone:* (619) 448-4860
*Fax:*
*After Hours Phone:* (619) 448-4860
*Provider Gender:* Female
*License number*: PT296321
*NPI:* 1740747484
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TROYER, CORY**
*Provider ID:* 206469
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (858) 543-0333
*Fax:* (888) 539-8781
*After Hours Phone:* (858) 543-0333
*Provider Gender:* Female
*License number*: PT294205
*NPI:* 1124577671
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**UNDERWOOD, KIRA R**
*Provider ID:* 258531
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008

*Phone:* (858) 543-0333
*Fax:* (858) 657-1809
*After Hours Phone:* (858) 543-0333
*Provider Gender:* Female
*License number*: PT294137
*NPI:* 1023526449
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VALENTINE, ANN T**
*Provider ID:* 258536
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-1809
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: PT35485
*NPI:* 1649727462
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VAN DYKE, JASON P**
*Provider ID:* 76188
*Board Certified Specialty:* No
CITY HEIGHTS FAMILY HEALTH CENTERS INC
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2400
*Fax:*
*After Hours Phone:* (619) 515-2400
*Provider Gender:* Male
*License number*: PT25155
*NPI:* 1487658720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8:15AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* City Heights Family Health Centers Inc
*IPA:*

**WALKER, JULIE C**
*Provider ID:* 258489
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 535-6422
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: PT292806
*NPI:* 1720489503
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WILLIAMS, STACY M**
*Provider ID:* 259683
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT37862
*NPI:* 1689962169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WILLIAMS, STACY M**
*Provider ID:* 259684
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR # 1
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: PT37862
*NPI:* 1689962169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## RHEUMATOLOGY

**MIDDLETON, GREGORY D**
*Provider ID:* 64085
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C54037
*NPI:* 1104891290
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAZIRANDEH, MAHMOOD**
*Provider ID:* 257534
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
3633 CAMINO DEL RIO S STE 300
SAN DIEGO, CA 92108-4014
*Phone:* (619) 287-9730
*Fax:* (619) 287-4516
*After Hours Phone:* (619) 287-9730
*Provider Gender:* Male
*License number*: C52328
*NPI:* 1134109390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**PAZIRANDEH, MAHMOOD**
*Provider ID:* 47863
*Board Certified Specialty:* No
MICHAEL I KELLER MD INC
3633 CAMINO DEL RIO S STE 300
SAN DIEGO, CA 92108-4014
*Phone:* (619) 287-9730
*Fax:*
*After Hours Phone:* (619) 287-9730
*Provider Gender:* Male
*License number*: C52328
*NPI:* 1134109390
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**REDDY, DANA A**
*Provider ID:* 112705
*Board Certified Specialty:* No
DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2560
*Fax:*
*After Hours Phone:* (619) 515-2560
*Provider Gender:* Female
*License number*: A115598
*NPI:* 1144538778
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, ME
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc
*IPA:* Ihp Of Southern California, Imperial Health Holdings Medical Group-Sd

## SPEECH PATHOLOGIST

**DE VERA, JONATHAN M**
*Provider ID:* 118426
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:*
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: SP18630
*NPI:* 1639470024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DE VERA, JONATHAN M**
*Provider ID:* 258345
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Male
*License number*: SP18630
*NPI:* 1639470024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOCKTER, ANDI M**
*Provider ID:* 248061
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Female
*License number*: SP26061
*NPI:* 1073150801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOCKTER, ANDI M**
*Provider ID:* 248063
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 974-9766
*Fax:*
*After Hours Phone:* (858) 974-9766
*Provider Gender:* Female
*License number*: SP26061
*NPI:* 1073150801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NEESE, SUSAN Y**
*Provider ID:* 258441
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: SP15489
*NPI:* 1710422134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTIMAW, LAUREN C**
*Provider ID:* 116483
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:*
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: SP22677
*NPI:* 1568705028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTIMAW, LAUREN C**
*Provider ID:* 258517
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: SP22677
*NPI:* 1568705028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHAEFER, LINDSEY A**
*Provider ID:* 258506

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (855) 543-0333
*Fax:* (858) 657-6873
*After Hours Phone:* (855) 543-0333
*Provider Gender:* Female
*License number*: SP17349
*NPI:* 1598200719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHIEDERMAYER, BENJAMIN F**
*Provider ID:* 288937
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122-1013
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: SP33061
*NPI:* 1164979837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**UNGER, LINDSEY A**
*Provider ID:* 207202
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8929 UNIVERSITY CENTER LN STE 200
SAN DIEGO, CA 92122-1008
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: SP20362
*NPI:* 1972936813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Sign Language
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY CARDIOVASCULAR

**COLETTA, JOELLE M**
*Provider ID:* 206002
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:*
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Female
*License number*: A55001
*NPI:* 1447222377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**COLETTA, JOELLE M**
*Provider ID:* 210527
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Female
*License number*: A55001
*NPI:* 1447222377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**FOX, KENNETH A**
*Provider ID:* 257841
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8030
*Fax:*
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: G154681
*NPI:* 1235153552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLTS, EUGENE M**
*Provider ID:* 210076
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Male
*License number*: A82530
*NPI:* 1316000649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MADANI, MICHAEL M**
*Provider ID:* 210285
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-2652
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: A67201
*NPI:* 1518999069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**NIGRO, JOHN J**

*Provider ID:* 114832
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5841
*Fax:*
*After Hours Phone:* (858) 966-5841
*Provider Gender:* Male
*License number*: G80887
*NPI:* 1881707818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PERRICONE, ANTHONY**
*Provider ID:* 205580
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: G65464
*NPI:* 1104842129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRETORIUS, GERT D**
*Provider ID:* 210570
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Male
*License number*: A113774
*NPI:* 1629385836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**PRETORIUS, GERT D**
*Provider ID:* 217681
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: A113774
*NPI:* 1629385836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**THISTLETHWAITE, PATRICIA A**
*Provider ID:* 206159
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Female
*License number*: G84093
*NPI:* 1831121789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

## SURGERY COLON SURGERY

**EISENSTEIN, SAMUEL G**
*Provider ID:* 286363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132251
*NPI:* 1194983932
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EISENSTEIN, SAMUEL G**
*Provider ID:* 286364
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A132251
*NPI:* 1194983932
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**EISENSTEIN, SAMUEL G**
*Provider ID:* 286384
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (858) 657-7237
*Fax:*
*After Hours Phone:* (858) 657-7237
*Provider Gender:* Male
*License number*: A132251
*NPI:* 1194983932
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ISHO, MATHEW S , MD**
*Provider ID:* 245185
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC

4060 4TH AVE STE 510
SAN DIEGO, CA 92103-2121
*Phone:* (619) 686-4011
*Fax:* (619) 686-4041
*After Hours Phone:* (619) 686-4011
*Provider Gender:* Male
*License number*: A93470
*NPI:* 1841235645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Syriac
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LIU, SHANGLEI**
*Provider ID:* 273363
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128073
*NPI:* 1043558653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LOPEZ, NICOLE E**
*Provider ID:* 117760
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Female
*License number*: A107945
*NPI:* 1518163005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LOPEZ, NICOLE E**
*Provider ID:* 286366
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A107945
*NPI:* 1518163005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**LOPEZ, NICOLE E**
*Provider ID:* 286387
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6886
*Fax:*
*After Hours Phone:* (619) 543-6886
*Provider Gender:* Female
*License number*: A107945

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1518163005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARRY, LISA A**
*Provider ID:* 278553
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131297
*NPI:* 1235369067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PARRY, LISA A**
*Provider ID:* 286341
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A131297
*NPI:* 1235369067
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAMAMOORTHY, SONIA L**
*Provider ID:* 286370
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 529-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A65709
*NPI:* 1801812656
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY CRITICAL CARE

**ADAMS, LAURA M**
*Provider ID:* 284407
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169184
*NPI:* 1144616541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HIGGINSON, SARA M**
*Provider ID:* 243002
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A123464
*NPI:* 1578852471
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOBAYASHI, LESLIE M**
*Provider ID:* 64011
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A90700
*NPI:* 1255501474
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, JEANNE G**
*Provider ID:* 64031
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A96295
*NPI:* 1649334657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POTENZA, BRUCE M**
*Provider ID:* 277298
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7200
*Fax:*
*After Hours Phone:* (619) 543-7200
*Provider Gender:* Male
*License number*: G77333
*NPI:* 1548281496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POTENZA, BRUCE M**
*Provider ID:* 64144

*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G77333
*NPI:* 1548281496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TADLOCK, MATTHEW D**
*Provider ID:* 272848
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C54740
*NPI:* 1881666956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Desert Regional Med Ctr, John F Kennedy Memorial Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**VENTRO, GEORGE J**
*Provider ID:* 284418
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169299
*NPI:* 1548604648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WEAVER, JESSICA L**
*Provider ID:* 243239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A163176
*NPI:* 1396044657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY GENERAL VASCULAR

**AL-NOURI, OMAR**
*Provider ID:* 275349
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121-3023
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male
*License number*: 20A16931
*NPI:* 1770742264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BANDYK, DENNIS F**
*Provider ID:* 275342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121-3023
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**
*Provider ID:* 275372
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121-3023
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99417
*NPI:* 1497936900
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAJAS-MONSON, LUIS C**
*Provider ID:* 273147
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124195
*NPI:* 1972821411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAJAS-MONSON, LUIS C**
*Provider ID:* 273148
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124195
*NPI:* 1972821411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CAJAS-MONSON, LUIS C**
*Provider ID:* 275263
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR STE 215
SAN DIEGO, CA 92121-3023
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124195
*NPI:* 1972821411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SALLOUM, ALEXANDER C , MD**
*Provider ID:* 268765
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A89300
*NPI:* 1124176151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY GENERAL

**AL-NOURI, OMAR**
*Provider ID:* 211903
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A16931
*NPI:* 1770742264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ALVORD, PAUL B**
*Provider ID:* 63778
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A66670
*NPI:* 1447443809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ALVORD, PAUL B**
*Provider ID:* 66166
*Board Certified Specialty:* Yes
PACIFIC COAST SURGICAL GROUP
4033 3RD AVE STE 204
SAN DIEGO, CA 92103-2130
*Phone:* (619) 295-8677
*Fax:*
*After Hours Phone:* (619) 295-8677
*Provider Gender:* Male
*License number*: A66670
*NPI:* 1447443809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ARMANI, AVA**
*Provider ID:* 282141
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 822-6100
*Fax:*
*After Hours Phone:* (858) 822-6100
*Provider Gender:* Female
*License number*: A118231
*NPI:* 1861759383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**AVULOV, VADIM**
*Provider ID:* 125019
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
6699 ALVARADO RD STE 2309
SAN DIEGO, CA 92120-5241
*Phone:* (619) 286-8803
*Fax:* (619) 286-2344
*After Hours Phone:* (619) 286-8803
*Provider Gender:* Male
*License number*: 20A13344
*NPI:* 1700121472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BANDYK, DENNIS F**
*Provider ID:* 63794
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G89003
*NPI:* 1649282039
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARNES, RYAN M**
*Provider ID:* 129062
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 565-0194
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: 20A12870
*NPI:* 1831493501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BARNES, RYAN M**
*Provider ID:* 83877
*Board Certified Specialty:* No
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:*
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: 20A12870
*NPI:* 1831493501
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BARONE, ROBERT M**
*Provider ID:* 287822
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
7695 CARDINAL CT STE 390
SAN DIEGO, CA 92123-3356
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G22669
*NPI:* 1528083573
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BENCH, GARY R**
*Provider ID:* 269682
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 565-0194
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A35873
*NPI:* 1225007974
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BENCH, SHAWN R , MD**
*Provider ID:* 129060
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 565-0194
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A108975
*NPI:* 1669700753
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Kern Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-5PM, F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BERNDTSON, ALLISON E**
*Provider ID:* 110505
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A105854
*NPI:* 1457518219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BERUMEN, JENNIFER A**
*Provider ID:* 113474
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (858) 657-7729
*Fax:*
*After Hours Phone:* (858) 657-7729
*Provider Gender:* Female
*License number*: A106782
*NPI:* 1558566372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BERUMEN, JENNIFER A**
*Provider ID:* 260052
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5811
*Fax:* (858) 966-8035
*After Hours Phone:* (858) 966-5811
*Provider Gender:* Female
*License number*: A106782
*NPI:* 1558566372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**BERUMEN, JENNIFER A**
*Provider ID:* 86651
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:* (858) 966-5815
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: A106782
*NPI:* 1558566372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BRODERICK, RYAN C**
*Provider ID:* 128612
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A124721
*NPI:* 1619252418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRODERICK, RYAN C**
*Provider ID:* 201617
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A124721
*NPI:* 1619252418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRODERICK, RYAN C**
*Provider ID:* 247073
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124721
*NPI:* 1619252418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRODERICK, RYAN C**
*Provider ID:* 286342
*Board Certified Specialty:* No
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE DR
STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A124721
*NPI:* 1619252418
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BRUBAKER, ALEAH**
*Provider ID:* 285272
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A137609
*NPI:* 1790104305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**BRUBAKER, ALEAH**
*Provider ID:* 289164
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8354
*Fax:* (858) 966-5815
*After Hours Phone:* (858) 966-8354
*Provider Gender:* Female
*License number*: A137609
*NPI:* 1790104305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**COIMBRA, RAUL S**
*Provider ID:* 63858
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A74573
*NPI:* 1356372791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COSMAN, BARD C**
*Provider ID:* 65153
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4168 FRONT ST FL 3
SAN DIEGO, CA 92103-2030
*Phone:* (619) 543-3995
*Fax:*
*After Hours Phone:* (619) 543-3995
*Provider Gender:* Male

*License number*: G66321
*NPI:* 1477513810
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COSTANTINI, TODD W**
*Provider ID:* 63865
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A95420
*NPI:* 1396900064
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**DIERKSHEIDE, JULIE E**
*Provider ID:* 101276
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A128857
*NPI:* 1346465168
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Kern Medical Center, Glendale Memorial Hosp And Health Ctr, Ucsd Medical Ctr, Long Beach Memorial Med Ctr, Earl And Lorraine Miller Childrens Hsp, Ucsd La Jolla John Sally Thornton, Desert Regional Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**DOUCET, JAY J**
*Provider ID:* 63882
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A69243
*NPI:* 1205993813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FAIRBANKS, TIMOTHY J**
*Provider ID:* 260842
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A80244
*NPI:* 1407010556
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital, Childrens

Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GANTA, SRUJAN**
*Provider ID:* 256383
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A166273
*NPI:* 1265071005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 12AM-11:59PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GENZ, MICHAEL H**
*Provider ID:* 285779
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A172108
*NPI:* 1457715609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GIESEMANN, LESLIE A**
*Provider ID:* 215127
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: A62713
*NPI:* 1710901590
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Desert Regional Med Ctr, Alvarado Hospital Llc, Paradise Valley Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GIESEMANN, LESLIE A**
*Provider ID:* 215128
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: A62713
*NPI:* 1710901590
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Desert Regional Med Ctr, Alvarado Hospital Llc, Paradise Valley Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GODAT, LAURA N**
*Provider ID:* 110346
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (619) 543-6832
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A120673
*NPI:* 1548440100
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOLTS, EUGENE M**
*Provider ID:* 63922
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A82530
*NPI:* 1316000649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HALLDORSON, JEFFREY B**
*Provider ID:* 120709
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:*
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: G86089
*NPI:* 1558446351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HALLDORSON, JEFFREY B , MD**
*Provider ID:* 270147
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4800
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 637-4800
*Provider Gender:* Male
*License number*: G86089
*NPI:* 1558446351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**HART, MARQUIS E**
*Provider ID:* 279694
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 637-4700
*Fax:* (858) 637-4701
*After Hours Phone:* (858) 637-4700
*Provider Gender:* Male
*License number*: A42694
*NPI:* 1356401442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HORGAN, SANTIAGO**
*Provider ID:* 286367
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HORGAN, SANTIAGO**
*Provider ID:* 286379
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-0700
*Fax:*
*After Hours Phone:* (619) 471-0700
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HORGAN, SANTIAGO**
*Provider ID:* 63962
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-0701
*Fax:* (619) 543-3763
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Male
*License number*: F11
*NPI:* 1932297231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**IGNACIO, ROMEO C**
*Provider ID:* 217053
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:*
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A110729
*NPI:* 1538147145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JACOBSEN, GARTH R**
*Provider ID:* 128247
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JACOBSEN, GARTH R**
*Provider ID:* 201729
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:*
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JACOBSEN, GARTH R**
*Provider ID:* 286355
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**JACOBSEN, GARTH R**
*Provider ID:* 286356
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider Gender:* Male
*License number*: A99668
*NPI:* 1265649966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOSOY, DANIEL H , MD**
*Provider ID:* 82513
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8010 FROST ST STE 510
SAN DIEGO, CA 92123-4284
*Phone:* (858) 499-1900
*Fax:* (858) 637-4801
*After Hours Phone:* (858) 499-1900
*Provider Gender:* Male
*License number*: A60375
*NPI:* 1770627259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LANGENBERG, BRET J**
*Provider ID:* 43656
*Board Certified Specialty:* No
PACIFIC COAST SURGICAL GROUP
4033 3RD AVE STE 204
SAN DIEGO, CA 92103-2130
*Phone:* (619) 295-8677
*Fax:* (619) 295-7935
*After Hours Phone:* (619) 295-8677
*Provider Gender:* Male
*License number*: 20A9381
*NPI:* 1720014038
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LAZAR, DAVID A**
*Provider ID:* 108403
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8110 BIRMINGHAM WAY
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-8550
*Fax:*
*After Hours Phone:* (858) 966-8550
*Provider Gender:* Male
*License number*: A105968
*NPI:* 1538365002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MADANI, MICHAEL M**
*Provider ID:* 64053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A67201
*NPI:* 1518999069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City

Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MEKEEL, KRISTIN L**
*Provider ID:* 64078
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: C54096
*NPI:* 1104861947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MEKEEL, KRISTIN L**
*Provider ID:* 80609
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Female
*License number*: C54096
*NPI:* 1104861947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MUELLER, GEORGE A , MD**
*Provider ID:* 54298
*Board Certified Specialty:* No
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 565-0097
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A41127
*NPI:* 1629179684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MUELLER, GEORGE A**
*Provider ID:* 54298
*Board Certified Specialty:* No
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:*
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A41127
*NPI:* 1629179684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Sharp

Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**NGUYEN, TRI T**
*Provider ID:* 257595
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111-5800
*Phone:* (858) 277-5463
*Fax:* (858) 279-8296
*After Hours Phone:* (858) 277-5463
*Provider Gender:* Male
*License number*: G79496
*NPI:* 1962598425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M 1AM-6PM, TU-TH 9AM-5PM, F 8:30AM-6PM, SA 8:30AM-3PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**OWENS, ERIK L**
*Provider ID:* 64123
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G84727
*NPI:* 1578506523
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PAREKH, JUSTIN R**
*Provider ID:* 127150
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A98665
*NPI:* 1780866574
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**POLLACK, LARRY H , MD**
*Provider ID:* 54346
*Board Certified Specialty:* Yes
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 450-3363
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A41696
*NPI:* 1104998400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8:30AM-5PM, F

8:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RASCHKE, ERIC T**
*Provider ID:* 270297
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A17495
*NPI:* 1316386659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAENZ, NICHOLAS C**
*Provider ID:* 52842
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8110 BIRMINGHAM WAY
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:*
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: G84775
*NPI:* 1447321203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SALLOUM, ALEXANDER C**
*Provider ID:* 104108
*Board Certified Specialty:* No
BALBOA NEPHROLOGY MED GRP INC
6402 EL CAJON BLVD # 100
SAN DIEGO, CA 92115-2645
*Phone:* (619) 582-4490
*Fax:* (619) 582-4737
*After Hours Phone:* (619) 582-4490
*Provider Gender:* Male
*License number*: A89300
*NPI:* 1124176151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* bnmg.org
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SANDLER, BRYAN J**
*Provider ID:* 286357
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4303 LA JOLLA VILLAGE DR STE 2110
SAN DIEGO, CA 92122-1396
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99837
*NPI:* 1043410186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Ucsd Medical Group

**SANDLER, BRYAN J**
*Provider ID:* 286383
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A99837
*NPI:* 1043410186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANDLER, BRYAN J**
*Provider ID:* 64178
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A99837
*NPI:* 1043410186
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SANTORELLI, JARRETT E**
*Provider ID:* 272303
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A161482
*NPI:* 1033529201
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SCHNICKEL, GABRIEL T**
*Provider ID:* 119527
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4510 EXECUTIVE DR # 7
SAN DIEGO, CA 92121-3021
*Phone:* (858) 657-6487
*Fax:*
*After Hours Phone:* (858) 657-6487
*Provider Gender:* Male
*License number*: A83329
*NPI:* 1619111440
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHNICKEL, GABRIEL T**
*Provider ID:* 125421
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8001 FROST ST
SAN DIEGO, CA 92123-2746

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 966-8354
*Fax:*
*After Hours Phone:* (858) 966-8354
*Provider Gender:* Male
*License number*: A83329
*NPI:* 1619111440
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SEDRAK, MICHAEL F**
*Provider ID:* 84774
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 471-0701
*Fax:* (619) 543-7785
*After Hours Phone:* (619) 471-0701
*Provider Gender:* Male
*License number*: A82582
*NPI:* 1750464111
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**TALAMINI, MARK A**
*Provider ID:* 64217
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: C51961
*NPI:* 1588694673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**THANGARAJAH, HARIHARAN**
*Provider ID:* 102551
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8110 BIRMINGHAM WAY
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-5840
*Fax:*
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Male
*License number*: A94137
*NPI:* 1598979593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WALLACE, ANNE M**
*Provider ID:* 64249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: G73000
*NPI:* 1699732941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**WOODWARD, STEPHANIE M**
*Provider ID:* 63697
*Board Certified Specialty:* No
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:*
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Female
*License number*: A103828
*NPI:* 1053435099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WOODWARD, STEPHANIE M , MD**
*Provider ID:* 63697
*Board Certified Specialty:* Yes
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:* (858) 565-0194
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Female
*License number*: A103828
*NPI:* 1053435099
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 9AM-5PM, F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**YANG, GENE**
*Provider ID:* 280567
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A169156
*NPI:* 1568807089
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY HAND ORTHOPEDIC

**STEPHENSON, SAMUEL K**
*Provider ID:* 284934
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A154951
*NPI:* 1578058665
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY HAND

**ABRAMS, REID**
*Provider ID:* 63766
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G59829
*NPI:* 1548202245
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY HEAD

**COFFEY, CHARLES S**
*Provider ID:* 63857
*Board Certified Specialty:* No
UCSD OTOLARYNGOLOGY
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8590
*Fax:*
*After Hours Phone:* (858) 657-8590
*Provider Gender:* Male
*License number*: A116621
*NPI:* 1932297330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY NEUROLOGICAL

**BARBA, DAVID**
*Provider ID:* 244087
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-5720
*Fax:*
*After Hours Phone:* (619) 543-5720
*Provider Gender:* Male
*License number*: G42092
*NPI:* 1093730251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BARBA, DAVID**
*Provider ID:* 63798
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G42092
*NPI:* 1093730251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):*

No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BELVERUD, SHAWN A**
*Provider ID:* 202333
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: 20A13471
*NPI:* 1073817268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GONDA, DAVID D**
*Provider ID:* 101200
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: A107984
*NPI:* 1427254937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KHALESSI, ALEXANDER A**
*Provider ID:* 206141
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:*
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KHALESSI, ALEXANDER A**
*Provider ID:* 244035
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-5540
*Fax:*
*After Hours Phone:* (619) 543-5540
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA

9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KHALESSI, ALEXANDER A**
*Provider ID:* 63997
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7000
*Fax:*
*After Hours Phone:* (858) 657-7000
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KHALESSI, ALEXANDER A**
*Provider ID:* 81383
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-8574
*Fax:*
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male
*License number*: A95850
*NPI:* 1073786661
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LEVY, MICHAEL L**
*Provider ID:* 262600
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male
*License number*: G62556
*NPI:* 1164593927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LEVY, MICHAEL L**
*Provider ID:* 52607
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7910 FROST ST STE 430
SAN DIEGO, CA 92123-2795
*Phone:* (858) 966-6710
*Fax:*
*After Hours Phone:* (858) 966-6710
*Provider Gender:* Male
*License number*: G62556
*NPI:* 1164593927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles
*Medi-Cal Open Panel:* No
*Min/Max Age:* None

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MARSHALL, LAWRENCE F**
*Provider ID:* 244150
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C36547
*NPI:* 1750306171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MARSHALL, LAWRENCE F**
*Provider ID:* 64064
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: C36547
*NPI:* 1750306171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, ANDREW D**
*Provider ID:* 244135
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, ANDREW D**
*Provider ID:* 244137
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 962-8273
*Fax:*
*After Hours Phone:* (800) 962-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**NGUYEN, ANDREW D**
*Provider ID:* 64107
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OLSON, SCOTT E**
*Provider ID:* 244053
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A83715
*NPI:* 1376568659
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**OSORIO, JOSEPH A**
*Provider ID:* 242007
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A128616
*NPI:* 1437416591
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PHAM, MARTIN H**
*Provider ID:* 244158
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A121590
*NPI:* 1609130921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**RAVINDRA, VIJAY M**
*Provider ID:* 277176
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male

*License number*: A161999
*NPI:* 1982995841
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Naval Medical Ctr Sd Rbe, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHWARTZ, MARC S**
*Provider ID:* 121885
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G86573
*NPI:* 1508960188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Good Samaritan Hospital Los Angeles, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SOUMEKH, MASSOUD HERTZEL**
*Provider ID:* 257468
*Board Certified Specialty:* Yes
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
8008 FROST ST STE 401
SAN DIEGO, CA 92123-4209
*Phone:* (858) 560-8544
*Fax:* (858) 560-8546
*After Hours Phone:* (858) 560-8544
*Provider Gender:* Male
*License number*: A37843
*NPI:* 1265495014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**SOUMEKH, MASSOUD HERTZEL, MD**
*Provider ID:* 54178
*Board Certified Specialty:* Yes
MOUNTAIN HLTH & COMM SERVICES
8008 FROST ST STE 401
SAN DIEGO, CA 92123-4209
*Phone:* (858) 560-8544
*Fax:* (858) 560-8546
*After Hours Phone:* (858) 560-8544
*Provider Gender:* Male
*License number*: A37843
*NPI:* 1265495014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-TH 9AM-4:30PM, F,SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**TOMLIN, JEFFREY M**
*Provider ID:* 272950
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR FL 1
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8540
*Fax:*
*After Hours Phone:* (858) 657-8540
*Provider Gender:* Male
*License number*: C161473
*NPI:* 1366530321
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**U, HOI S**
*Provider ID:* 244132
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G27898
*NPI:* 1164468146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**U, HOI S**
*Provider ID:* 64233
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: G27898
*NPI:* 1164468146
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGERY ORTHOPEDIC

**ALLEN, RICHARD T**
*Provider ID:* 63777
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: A83513
*NPI:* 1962660175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ANDERSON, JUSTIN**
*Provider ID:* 289121
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: PA60229
*NPI:* 1366105074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ATTENELLO, JOHN D**
*Provider ID:* 271082
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A166979
*NPI:* 1629456553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Good Samaritan Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BAGHERI, ALI**
*Provider ID:* 262208
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: A123272
*NPI:* 1760632947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BALLARD, BROOKE L**
*Provider ID:* 262204
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120-5198
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Female
*License number*: A104161
*NPI:* 1841447950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BALL, SCOTT T**
*Provider ID:* 63792
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A75221
*NPI:* 1952325318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BATES, JAMES E**
*Provider ID:* 262140
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120-5198
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G73930
*NPI:* 1174692206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**BUI, CHRISTOPHER N**
*Provider ID:* 241162
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A127139
*NPI:* 1619231537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BUKATA, SUSAN V**
*Provider ID:* 277948
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C55109
*NPI:* 1932140639
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**BURNIKEL, DAVID J**
*Provider ID:* 111158
*Board Certified Specialty:* No
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:*
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: A138043
*NPI:* 1457541369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No

♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.sdsm.net
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BURNIKEL, DAVID J , MD**
*Provider ID:* 205079
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: A138043
*NPI:* 1457541369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CHANG, DOUGLAS G**
*Provider ID:* 63839
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A77281
*NPI:* 1962450031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHENG, YU TSUN**
*Provider ID:* 205788
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A98564
*NPI:* 1992982854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHIARAPPA, FRANK E**
*Provider ID:* 244459
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A164466
*NPI:* 1932536828
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHOI, JIHOON**
*Provider ID:* 284788
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A151613
*NPI:* 1285097741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CIDAMBI, EMILY O**
*Provider ID:* 246466
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A127390
*NPI:* 1659634699
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CIDAMBI, KRISHNA R**
*Provider ID:* 118283
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:*
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: A118350
*NPI:* 1275836959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COVEY, DANA C**
*Provider ID:* 104615
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G89432
*NPI:* 1780651794
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**COVEY, DANA C**
*Provider ID:* 104618
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
8899 UNIVERSITY CENTER LN STE 230
SAN DIEGO, CA 92122-1010

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 657-7726
*Fax:*
*After Hours Phone:* (858) 657-7726
*Provider Gender:* Male
*License number*: G89432
*NPI:* 1780651794
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**FINKENBERG, JOHN G**
*Provider ID:* 262199
*Board Certified Specialty:* Yes
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120-5198
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G56283
*NPI:* 1285703413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**FLINT, JAMES H**
*Provider ID:* 203178
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A156864
*NPI:* 1629239140
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GARFIN, STEVEN R**
*Provider ID:* 123782
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 657-8235
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G29309
*NPI:* 1679515829
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GIRARD, PAUL J**
*Provider ID:* 63919
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: A78346
*NPI:* 1356319891
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**GOEB, YANNICK L**
*Provider ID:* 284794
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A170529
*NPI:* 1730542747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HENTZEN, ERIC R**
*Provider ID:* 63954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: A83117
*NPI:* 1245411180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HOLLNAGEL, KATHARINE F**
*Provider ID:* 284171
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A172578
*NPI:* 1295180289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HOLLNAGEL, KATHARINE F**
*Provider ID:* 284172
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A172578
*NPI:* 1295180289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**JACOBSON, MARK D**
*Provider ID:* 262260
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120-5198
*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: G71151
*NPI:* 1760551915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**KENT, WILLIAM T**
*Provider ID:* 110385
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A122546
*NPI:* 1962794198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KIMBALL, MICHAEL P , MD**
*Provider ID:* 38205
*Board Certified Specialty:* No
GIRARD ORTHOPAEDIC SURGEONS MED GRP
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P**
*Provider ID:* 38205
*Board Certified Specialty:* No
GIRARD ORTHOPAEDIC SURGEONS MED GRP
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G76060
*NPI:* 1588648653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KULIDJIAN, ANNA A**
*Provider ID:* 64022
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A97060
*NPI:* 1215183066
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LEE, SCOTT I**
*Provider ID:* 102032
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A121741
*NPI:* 1760790349
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Glendale Adventist Med Ctr, Adventist Health White Memorial
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEUNIER, MATTHEW J**
*Provider ID:* 64082
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A72975
*NPI:* 1265470553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MEYER, ROBERT S**
*Provider ID:* 64084
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:* (619) 543-7480
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: G76677
*NPI:* 1316997646
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ORNER, CAITLIN A**
*Provider ID:* 284169
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female

*License number*: A172799
*NPI:* 1124481254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ORNER, CAITLIN A**
*Provider ID:* 284170
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Female
*License number*: A172799
*NPI:* 1124481254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**POMERANTZ, MICHAEL L**
*Provider ID:* 203072
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: A109105
*NPI:* 1356505705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**POURTAHERI, SINA**
*Provider ID:* 119044
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6312
*Fax:*
*After Hours Phone:* (619) 543-6312
*Provider Gender:* Male
*License number*: A136713
*NPI:* 1306153572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PRING, MAYA E**
*Provider ID:* 52689
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-5999
*Fax:*
*After Hours Phone:* (858) 576-5999
*Provider Gender:* Female
*License number*: A77003
*NPI:* 1104997964
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**RAISZADEH, RAMIN**
*Provider ID:* 54392
*Board Certified Specialty:* No
LA JOLLA SPINE INSTITUTE MED GRP INC
6719 ALVARADO RD STE 308
SAN DIEGO, CA 92120-5268
*Phone:* (619) 265-7912
*Fax:* (619) 265-7922
*After Hours Phone:* (619) 265-7912
*Provider Gender:* Male
*License number*: A88341
*NPI:* 1518021369
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.siosd.com
*Email:*
*Medical Group(s):*
*IPA:*

**RICKARDS, ENASS N , MD**
*Provider ID:* 268909
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Female
*License number*: G79785
*NPI:* 1609850080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICKARDS, ENASS N**
*Provider ID:* 65531
*Board Certified Specialty:* No
GIRARD ORTHOPAEDIC SURGEONS MED GRP
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Female
*License number*: G79785
*NPI:* 1609850080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RICKERT, KATHLEEN D**
*Provider ID:* 108390
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-4003
*Fax:*
*After Hours Phone:* (858) 966-4003
*Provider Gender:* Female
*License number*: A140439
*NPI:* 1023308921
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ROBERTSON, CATHERINE M**
*Provider ID:* 64163
*Board Certified Specialty:* Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A87544
*NPI:* 1952565780
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROSENFIELD, ALAN L , MD**
*Provider ID:* 242938
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFIELD, ALAN L**
*Provider ID:* 262177
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: G75293
*NPI:* 1588648968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,SA 9AM-5PM, TU 9AM-12:30PM, W 8:30AM-4:30PM, TH,F 9AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RYNNING, RALPH E**
*Provider ID:* 262195
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
5555 RESERVOIR DR STE 104
SAN DIEGO, CA 92120-5198

*Phone:* (619) 286-9480
*Fax:* (619) 286-4568
*After Hours Phone:* (619) 286-9480
*Provider Gender:* Male
*License number*: A103946
*NPI:* 1952595316
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Norwegian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SCHWARTZ, ALEXANDRA K**
*Provider ID:* 64188
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 966-6706
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A60259
*NPI:* 1740206747
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SHAH, KALPIT N**
*Provider ID:* 291390
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A166844
*NPI:* 1326450040
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SHILLITO, MATTHEW C , MD**
*Provider ID:* 247893
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: A109569
*NPI:* 1538318548
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SIROTA, MICHAEL A**
*Provider ID:* 84579
*Board Certified Specialty:* No
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: A129445

*NPI:* 1558542423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.sdsm.net
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SIROTA, MICHAEL A , MD**
*Provider ID:* 84579
*Board Certified Specialty:* No
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: A129445
*NPI:* 1558542423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SPEIRS, JOSHUA N**
*Provider ID:* 284217
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A151041
*NPI:* 1164876918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SPEIRS, JOSHUA N**
*Provider ID:* 284218
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A151041
*NPI:* 1164876918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SULLIVAN, THOMAS B**
*Provider ID:* 285247
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A138132
*NPI:* 1437565488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**TASTO, JAMES P , MD**
*Provider ID:* 218096
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: G14672
*NPI:* 1124021936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TASTO, JAMES P**
*Provider ID:* 44083
*Board Certified Specialty:* No
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC
6719 ALVARADO RD STE 200
SAN DIEGO, CA 92120-5256
*Phone:* (619) 229-3932
*Fax:* (619) 582-2860
*After Hours Phone:* (619) 229-3932
*Provider Gender:* Male
*License number*: G14672
*NPI:* 1124021936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:* www.sdsm.net
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**TAYYAB, NEIL A , MD**
*Provider ID:* 268617
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9333 GENESEE AVE STE 350A
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: A94408
*NPI:* 1831149970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A**
*Provider ID:* 35361
*Board Certified Specialty:* No
GIRARD ORTHOPAEDIC SURGEONS MED GRP
9333 GENESEE AVE STE 350
SAN DIEGO, CA 92121-2103
*Phone:* (858) 455-6460
*Fax:* (858) 455-7197
*After Hours Phone:* (858) 455-6460
*Provider Gender:* Male
*License number*: A94408
*NPI:* 1831149970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M 8AM-5PM, TU-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRETIAKOV, MIKHAIL**
*Provider ID:* 284222
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5999
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A171934
*NPI:* 1912353772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TRETIAKOV, MIKHAIL**
*Provider ID:* 284223
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY # 3
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A171934
*NPI:* 1912353772
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**VITALE, KENNETH C**
*Provider ID:* 104655
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-8200
*Fax:*
*After Hours Phone:* (858) 657-8200
*Provider Gender:* Male
*License number*: C132964
*NPI:* 1730176868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**YASZAY, BURT**
*Provider ID:* 206303
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-5999
*Fax:* (858) 576-8412
*After Hours Phone:* (858) 576-5999
*Provider Gender:* Male
*License number*: A100336
*NPI:* 1770798647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**YASZAY, BURT**
*Provider ID:* 206305
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 410
SAN DIEGO, CA 92123-4228
*Phone:* (858) 966-6789
*Fax:* (858) 966-6706
*After Hours Phone:* (858) 966-6789
*Provider Gender:* Male
*License number*: A100336
*NPI:* 1770798647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**YASZAY, BURT**
*Provider ID:* 206307
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 190
SAN DIEGO, CA 92123-2731
*Phone:* (858) 966-9360
*Fax:* (858) 966-8519
*After Hours Phone:* (858) 966-9360
*Provider Gender:* Male
*License number*: A100336
*NPI:* 1770798647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ZLOMISLIC, VINKO**
*Provider ID:* 78122
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:* (858) 657-8235
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A112819
*NPI:* 1346351509
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Serbo-Croatian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY PEDIATRIC

**BICKLER, STEPHEN W**
*Provider ID:* 270090
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: G58535
*NPI:* 1891866653
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/25
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network

**GOLLIN, GERALD**
*Provider ID:* 109561
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
8110 BIRMINGHAM WAY
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-5840
*Fax:*
*After Hours Phone:* (858) 966-5840
*Provider Gender:* Male
*License number*: G84953
*NPI:* 1477598662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLLIN, GERALD**
*Provider ID:* 205905
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY # 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:*
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: G84953
*NPI:* 1477598662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOLTS, EUGENE M**
*Provider ID:* 217715
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:*
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: A82530
*NPI:* 1316000649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Ukrainian
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GONDA, DAVID D**
*Provider ID:* 205821
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 120
SAN DIEGO, CA 92123-2776
*Phone:* (858) 966-8574
*Fax:* (858) 966-7930
*After Hours Phone:* (858) 966-8574
*Provider Gender:* Male
*License number*: A107984
*NPI:* 1427254937
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOSMAN, AMANDA A**
*Provider ID:* 205841
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A96153
*NPI:* 1164436291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLER, BENJAMIN A**
*Provider ID:* 272196
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A118158
*NPI:* 1285953364
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KELLER, BENJAMIN A**
*Provider ID:* 285941
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A118158
*NPI:* 1285953364
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLING, KAREN M**
*Provider ID:* 205340
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: A53583
*NPI:* 1982775144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KLING, KAREN M**
*Provider ID:* 283380
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: A53583
*NPI:* 1982775144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, National Naval Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAZAR, DAVID A**
*Provider ID:* 205606
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A105968
*NPI:* 1538365002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**LAZAR, DAVID A**
*Provider ID:* 283140
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A105968
*NPI:* 1538365002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MADANI, MICHAEL M**
*Provider ID:* 206267
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3759
*Fax:* (619) 543-2652
*After Hours Phone:* (619) 543-3759
*Provider Gender:* Male
*License number*: A67201
*NPI:* 1518999069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No

*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**SAENZ, NICHOLAS C**
*Provider ID:* 206176
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: G84775
*NPI:* 1447321203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SAENZ, NICHOLAS C**
*Provider ID:* 283170
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: G84775
*NPI:* 1447321203
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THANGARAJAH, HARIHARAN**
*Provider ID:* 206172
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
8110 BIRMINGHAM WAY FL 2
SAN DIEGO, CA 92123-2758
*Phone:* (858) 966-7711
*Fax:* (858) 966-7712
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A94137
*NPI:* 1598979593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**THANGARAJAH, HARIHARAN**
*Provider ID:* 256194
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123-4232
*Phone:* (858) 966-7711
*Fax:*
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Male
*License number*: A94137
*NPI:* 1598979593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## SURGERY PLASTIC

**GOSMAN, AMANDA A**
*Provider ID:* 52812
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A96153
*NPI:* 1164436291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GOSMAN, AMANDA A**
*Provider ID:* 63926
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A96153
*NPI:* 1164436291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**GUPTA, DEEPAK**
*Provider ID:* 110728
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A114745
*NPI:* 1043445950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Santa Clara Valley Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**HINCHCLIFF, KATHARINE**
*Provider ID:* 277288
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A135631
*NPI:* 1346674561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HINCHCLIFF, KATHARINE**
*Provider ID:* 277965
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A135631
*NPI:* 1346674561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HOLMES, RALPH E**
*Provider ID:* 206105
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: G24863
*NPI:* 1104899723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KIM, ERINN N**
*Provider ID:* 283742
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: A134797
*NPI:* 1558705061
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**KOLB, FREDERIC J**
*Provider ID:* 246239
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: F39
*NPI:* 1790341832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network, Ucsd Medical Group

**KOLB, FREDERIC J**
*Provider ID:* 246240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: F39
*NPI:* 1790341832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KOLB, FREDERIC J**
*Provider ID:* 255575
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: F39
*NPI:* 1790341832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KOLB, FREDERIC J**
*Provider ID:* 255576
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Female
*License number*: F39
*NPI:* 1790341832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LANCE, SAMUEL H**
*Provider ID:* 109469
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A114551
*NPI:* 1780811786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health

Network, Ucsd Medical Group

**LANCE, SAMUEL H**
*Provider ID:* 110708
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A114551
*NPI:* 1780811786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LANCE, SAMUEL H**
*Provider ID:* 205647
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A114551
*NPI:* 1780811786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LANCE, SAMUEL H**
*Provider ID:* 256644
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A114551
*NPI:* 1780811786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LANCE, SAMUEL H**
*Provider ID:* 256645
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A114551
*NPI:* 1780811786
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**ORTIZ-POMALES, YAN T**
*Provider ID:* 289178
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A155358
*NPI:* 1346448537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Naval Medical Ctr Sd Rbe, Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**POLLACK, LARRY H**
*Provider ID:* 54346
*Board Certified Specialty:* No
SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC
7910 FROST ST STE 250
SAN DIEGO, CA 92123-2752
*Phone:* (858) 565-0104
*Fax:*
*After Hours Phone:* (858) 565-0104
*Provider Gender:* Male
*License number*: A41696
*NPI:* 1104998400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RECHNIC, MARK**
*Provider ID:* 64155
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G42815
*NPI:* 1114060126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**REID, CHRISTOPHER M**
*Provider ID:* 224795
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122947
*NPI:* 1982964276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REID, CHRISTOPHER M**

*Provider ID:* 245523
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A122947
*NPI:* 1982964276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 12AM-11:59PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REID, CHRISTOPHER M**
*Provider ID:* 255564
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A122947
*NPI:* 1982964276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**SULIMAN, AHMED S**
*Provider ID:* 289129
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-5999
*Fax:* (858) 966-8394
*After Hours Phone:* (858) 966-5999
*Provider Gender:* Male
*License number*: A88033
*NPI:* 1013169085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**WONG, RYAN K**
*Provider ID:* 64258
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A106001
*NPI:* 1912101452
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Loma Linda University Med Ctr Murrieta, Saddleback Memorial Med Ctr, Hoag Memorial Hospital Presbyterian, Temecula Valley Hospital Inc, Ucsd Medical Ctr, Stanford Health Care, Southwest Healthcare System Wildomar
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SURGERY THORACIC

**ARTRIP, JOHN H**
*Provider ID:* 243973
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: C160728
*NPI:* 1831141084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**ARTRIP, JOHN H**
*Provider ID:* 260597
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: C160728
*NPI:* 1831141084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/99
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**COLETTA, JOELLE M**
*Provider ID:* 63860
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A55001
*NPI:* 1447222377
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**GANTA, SRUJAN**
*Provider ID:* 275611
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-5855
*Fax:*
*After Hours Phone:* (858) 966-5855
*Provider Gender:* Male
*License number*: A166273
*NPI:* 1265071005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SA,SU 12AM-11:59PM, M-F 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MONTESA, CHRISTINE M**
*Provider ID:* 215266
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:*
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Female
*License number*: A110356
*NPI:* 1467616581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pomona Valley Hosp Med Ctr, San Antonio Comm Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**MONTESA, CHRISTINE M**
*Provider ID:* 239170
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:*
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Female
*License number*: A110356
*NPI:* 1467616581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pomona Valley Hosp Med Ctr, San Antonio Comm Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**NIGRO, JOHN J**
*Provider ID:* 205367
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
3030 CHILDRENS WAY STE 202
SAN DIEGO, CA 92123-4227
*Phone:* (858) 966-8030
*Fax:* (858) 966-8032
*After Hours Phone:* (858) 966-8030
*Provider Gender:* Male
*License number*: G80887
*NPI:* 1881707818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**PRETORIUS, GERT D**
*Provider ID:* 64148
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-7777
*Fax:*
*After Hours Phone:* (619) 543-7777
*Provider Gender:* Male
*License number*: A113774
*NPI:* 1629385836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Afrikaans
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**SAKAKIBARA, NAOHIDE**
*Provider ID:* 64171
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A67153
*NPI:* 1588697916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SIDERIS, ANTONIOS**
*Provider ID:* 285655
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A173526
*NPI:* 1134495336
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## SURGICAL ONCOLOGY

**RACE, ALICE J**
*Provider ID:* 271830
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A169163
*NPI:* 1982086922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## TRANSPLANT SURGERY

**MEKEEL, KRISTIN L**
*Provider ID:* 262109
*Board Certified Specialty:* Yes
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY # 107
SAN DIEGO, CA 92123-4223
*Phone:* (858) 966-7711
*Fax:*
*After Hours Phone:* (858) 966-7711
*Provider Gender:* Female
*License number*: C54096
*NPI:* 1104861947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SCHNICKEL, GABRIEL T**
*Provider ID:* 262192
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
8001 FROST ST
SAN DIEGO, CA 92123-2746
*Phone:* (858) 966-8354
*Fax:* (858) 966-5815
*After Hours Phone:* (858) 966-8354
*Provider Gender:* Male
*License number*: A83329
*NPI:* 1619111440
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## UROLOGY

**ALAGIRI, MADHU**
*Provider ID:* 52903
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: G83089
*NPI:* 1619083961
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**BECHIS, SETH K**
*Provider ID:* 110165
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A139139
*NPI:* 1376863746
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**BOSCH, PHILIP C**
*Provider ID:* 115863
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G46782
*NPI:* 1508845983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:*

**BUCKLEY, JILL C**
*Provider ID:* 83249
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:* (858) 228-1740
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Female
*License number*: A77631
*NPI:* 1730198128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**CHEN, TONY T**
*Provider ID:* 283960
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A171188
*NPI:* 1245684497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHIANG, GEORGE**
*Provider ID:* 205945
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: A98687
*NPI:* 1093773954
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CHIANG, GEORGE**
*Provider ID:* 52893
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Male
*License number*: A98687
*NPI:* 1093773954
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**COHEN, EDWARD S**
*Provider ID:* 120293
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123-1960
*Phone:* (858) 430-1101
*Fax:*
*After Hours Phone:* (858) 430-1101
*Provider Gender:* Male
*License number*: G56844
*NPI:* 1093756827
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DATO, PAUL E , MD**
*Provider ID:* 269141
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123-1960
*Phone:* (858) 430-1101
*Fax:* (858) 430-1106
*After Hours Phone:* (858) 430-1101
*Provider Gender:* Male
*License number*: A43540
*NPI:* 1588632715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DATO, PAUL E**
*Provider ID:* 42443
*Board Certified Specialty:* Yes
GENESIS HEALTHCARE PARTNERS PC
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123-1960
*Phone:* (858) 430-1101
*Fax:*
*After Hours Phone:* (858) 430-1101
*Provider Gender:* Male
*License number*: A43540
*NPI:* 1588632715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DICKS, BRIAN M**
*Provider ID:* 57668
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A100413
*NPI:* 1144425687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Heatlh, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DICKS, BRIAN M , MD**
*Provider ID:* 57668
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A100413
*NPI:* 1144425687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DICKS, BRIAN M**
*Provider ID:* 63876
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A100413
*NPI:* 1144425687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GAYLIS, FRANKLIN D , MD**
*Provider ID:* 119549
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
5395 RUFFIN RD STE 202
SAN DIEGO, CA 92123-1338
*Phone:* (858) 569-7800
*Fax:* (858) 429-7930
*After Hours Phone:* (858) 569-7800
*Provider Gender:* Male
*License number*: A46251
*NPI:* 1750360806
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GODEBU, ELANA**
*Provider ID:* 127348
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7876
*Fax:*
*After Hours Phone:* (858) 657-7876
*Provider Gender:* Female
*License number*: A119468
*NPI:* 1609189224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**GODEBU, ELANA**
*Provider ID:* 203511
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (858) 657-7876
*Fax:*
*After Hours Phone:* (858) 657-7876
*Provider Gender:* Female
*License number*: A119468
*NPI:* 1609189224
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HOLDEN, MARC M**
*Provider ID:* 269620
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A129770
*NPI:* 1861747396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HSIEH, LESLIE Q**
*Provider ID:* 122435
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A120282
*NPI:* 1326207283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HSIEH, TUNG CHIN**
*Provider ID:* 277238
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121-3018
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A120604
*NPI:* 1073758652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HSIEH, TUNG CHIN**
*Provider ID:* 277240
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
11515 EL CAMINO REAL STE 110
SAN DIEGO, CA 92130-3034

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A120604
*NPI:* 1073758652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**HSIEH, TUNG CHIN**
*Provider ID:* 63967
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-8860
*Fax:* (858) 228-1740
*After Hours Phone:* (858) 657-8860
*Provider Gender:* Male
*License number*: A120604
*NPI:* 1073758652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KANE, CHRISTOPHER J**
*Provider ID:* 63988
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G69249
*NPI:* 1083636294
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**KEILLER, DANNY L , MD**
*Provider ID:* 243958
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123-1960
*Phone:* (858) 429-7646
*Fax:* (858) 429-7929
*After Hours Phone:* (858) 429-7646
*Provider Gender:* Male
*License number*: C32092
*NPI:* 1346356961
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LAHEY, SUSAN**
*Provider ID:* 128623
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: C137247
*NPI:* 1366578031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MARIETTI SHEPHERD, SARAH R**
*Provider ID:* 265122
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A106447
*NPI:* 1801094115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MONGA, MANOJ**
*Provider ID:* 256847
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G81273
*NPI:* 1174609127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MONGA, MANOJ**
*Provider ID:* 274480
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: G81273
*NPI:* 1174609127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**MOSELEY, WILLIAM G**
*Provider ID:* 265104
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3969 4TH AVE STE 202
SAN DIEGO, CA 92103-3165
*Phone:* (619) 260-0060
*Fax:* (619) 260-0460
*After Hours Phone:* (619) 260-0060
*Provider Gender:* Male
*License number*: G20196
*NPI:* 1568564276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-TH 8:30AM-4PM, F 8:30AM-12:30PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**PARSONS, LOWELL C**
*Provider ID:* 64129
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G33834
*NPI:* 1588677124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**PATEL, DEVIN N**
*Provider ID:* 246094
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A144629
*NPI:* 1437505559
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Cedars Sinai Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**PE, MARK- RALLY L**
*Provider ID:* 55252
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:*
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A112013
*NPI:* 1801003694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PE, MARK- RALLY L , MD**
*Provider ID:* 55252
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A112013
*NPI:* 1801003694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REDDY, MADHUMITHA C**
*Provider ID:* 117539
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: 20A15373
*NPI:* 1568724417
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Loma Linda University Med Ctr Murrieta, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Corona Regional Med Ctr, Temecula Valley Hospital Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**ROBERTS, JAMES L**
*Provider ID:* 113321
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123-1960
*Phone:* (619) 299-0670
*Fax:*
*After Hours Phone:* (619) 299-0670
*Provider Gender:* Male
*License number*: G59945
*NPI:* 1508972191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**ROBERTS, JAMES L , MD**
*Provider ID:* 270010
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123-1960
*Phone:* (858) 430-1101
*Fax:* (858) 221-5049
*After Hours Phone:* (858) 430-1101
*Provider Gender:* Male
*License number*: G59945
*NPI:* 1508972191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**ROBERTS, JAMES L , MD**
*Provider ID:* 65495
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4033 3RD AVE STE 400
SAN DIEGO, CA 92103-2140
*Phone:* (619) 299-0670
*Fax:* (858) 429-7929
*After Hours Phone:* (619) 299-0670
*Provider Gender:* Male
*License number*: G59945
*NPI:* 1508972191
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**ROCHESTER, MARIANNE G**
*Provider ID:* 265134
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
3969 4TH AVE STE 202
SAN DIEGO, CA 92103-3165
*Phone:* (619) 260-0060
*Fax:* (619) 260-0460
*After Hours Phone:* (619) 260-0060
*Provider Gender:* Female
*License number*: A45939
*NPI:* 1386746097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-6PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**SAIDIAN, AVA**
*Provider ID:* 284831
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A172741
*NPI:* 1205281912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAKAMOTO, KYOKO**
*Provider ID:* 64172
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Female
*License number*: A80808
*NPI:* 1740223619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SALEM, CAROL E , MD**
*Provider ID:* 56016
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7927
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Female
*License number*: G75788
*NPI:* 1336152982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

**SALEM, CAROL E**
*Provider ID:* 56016
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (619) 297-2448
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Female
*License number*: G75788
*NPI:* 1336152982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SALMASI, AMIRALI**
*Provider ID:* 203122
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A135118
*NPI:* 1609187962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

**SANTIAGO-LASTRA, YAHIR A**
*Provider ID:* 110337
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121-3019
*Phone:* (858) 657-7876
*Fax:*
*After Hours Phone:* (858) 657-7876
*Provider Gender:* Female
*License number*: A143504
*NPI:* 1699936609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SEVILLA, CLAUDIA**
*Provider ID:* 283158
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123-1960
*Phone:* (858) 429-7646
*Fax:* (858) 429-7929
*After Hours Phone:* (858) 429-7646
*Provider Gender:* Female
*License number*: A131270
*NPI:* 1689081275
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Grossmont Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/105
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SPARKS, STEPHEN S**
*Provider ID:* 119391
*Board Certified Specialty:* No

UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: A103568
*NPI:* 1962609925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Hollywood Presbyterian Med Ctr, Childrens Hosp Of Los Angeles, Childrens Hospital National Medical Center, Fairfax Hospital, Medstar Georgetown Medical Center Inc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SUR, ROGER L**
*Provider ID:* 64214
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*Fax:*
*After Hours Phone:* (619) 543-6222
*Provider Gender:* Male
*License number*: G80585
*NPI:* 1932208022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**SWORDS, KELLY**
*Provider ID:* 101215
*Board Certified Specialty:* No
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:*
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A136481
*NPI:* 1316101256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T, W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**SWORDS, KELLY**
*Provider ID:* 206183
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
7920 FROST ST STE 200
SAN DIEGO, CA 92123-4289
*Phone:* (858) 966-7484
*Fax:* (858) 966-4064
*After Hours Phone:* (858) 966-7484
*Provider Gender:* Female
*License number*: A136481
*NPI:* 1316101256
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**ULOKO, MARIA I**
*Provider ID:* 284961
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127-1607

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A166093
*NPI:* 1326426016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**ULOKO, MARIA I**
*Provider ID:* 284962
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR STE 360
SAN DIEGO, CA 92121-3020
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A166093
*NPI:* 1326426016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**UNTERBERG, STEPHEN H**
*Provider ID:* 284664
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4060 4TH AVE STE 310
SAN DIEGO, CA 92103-2120
*Phone:* (619) 297-4707
*Fax:* (858) 429-7933
*After Hours Phone:* (619) 297-4707
*Provider Gender:* Male
*License number*: A133758
*NPI:* 1215374210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/110
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**UNTERBERG, STEPHEN H**
*Provider ID:* 284665
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
11770 BERNARDO PLAZA CT STE 270
SAN DIEGO, CA 92128-2425
*Phone:* (858) 485-0554
*Fax:* (858) 429-7993
*After Hours Phone:* (858) 485-0554
*Provider Gender:* Male
*License number*: A133758
*NPI:* 1215374210
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/110
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VAPNEK, EVAN M**
*Provider ID:* 114201
*Board Certified Specialty:* No
GENESIS HEALTHCARE PARTNERS PC
3444 KEARNY VILLA RD STE 202
SAN DIEGO, CA 92123-1960
*Phone:* (858) 429-7646
*Fax:*
*After Hours Phone:* (858) 429-7646
*Provider Gender:* Male
*License number*: G75357
*NPI:* 1811003411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VAPNEK, EVAN M , MD**
*Provider ID:* 270006
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
3444 KEARNY VILLA RD STE 201
SAN DIEGO, CA 92123-1960
*Phone:* (858) 430-1101
*Fax:* (858) 221-5049
*After Hours Phone:* (858) 430-1101
*Provider Gender:* Male
*License number*: G75357
*NPI:* 1811003411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VAPNEK, EVAN M , MD**
*Provider ID:* 65497
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
4033 3RD AVE STE 400
SAN DIEGO, CA 92103-2140
*Phone:* (619) 299-0670
*Fax:* (858) 429-7929
*After Hours Phone:* (619) 299-0670
*Provider Gender:* Male
*License number*: G75357
*NPI:* 1811003411
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**WITTHAUS, MICHAEL W**
*Provider ID:* 285494
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A174216
*NPI:* 1871987180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**WOO, JASON R**
*Provider ID:* 98954
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-3572
*Fax:* (619) 543-3475
*After Hours Phone:* (619) 543-3572
*Provider Gender:* Male
*License number*: A114634
*NPI:* 1437380086
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* No

*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## SAN MARCOS

### CARDIOLOGY

**DO, HULBERT N**
*Provider ID:* 291583
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: C162072
*NPI:* 1679733760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 8AM-8PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MOHAMEDALI, BURHAN, MD**
*Provider ID:* 245578
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
955 BOARDWALK STE 100
SAN MARCOS, CA 92078-2659
*Phone:* (760) 798-8855
*Fax:* (760) 755-5245
*After Hours Phone:* (760) 798-8855
*Provider Gender:* Male
*License number*: A125669
*NPI:* 1831393289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Swahili
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN, MD**
*Provider ID:* 242265
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
955 BOARDWALK STE 100
SAN MARCOS, CA 92078-2659
*Phone:* (760) 798-8855
*Fax:* (760) 755-5245
*After Hours Phone:* (760) 798-8855
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**NARAYANAN, MEENA R , MD**
*Provider ID:* 247696
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
955 BOARDWALK STE 100
SAN MARCOS, CA 92078-2659
*Phone:* (760) 798-8855
*Fax:* (760) 755-5245
*After Hours Phone:* (760) 798-8855
*Provider Gender:* Female
*License number*: A113448
*NPI:* 1508170697
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* No
*Min/Max Age:* 18/999

*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PARIKH, MILIND D**
*Provider ID:* 291595
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SUDHAKAR, DEEPTHI**
*Provider ID:* 291607
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A171932
*NPI:* 1811307051
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Grossmont Hospital, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CERTIFIED BEHAVIORAL ANALYST MASTERS

**BARMAKIAN, HEATHER**
*Provider ID:* 116921
*Board Certified Specialty:* No
CENTER FOR AUTISM AND RELATED DISORDER
334 VIA VERA CRUZ STE 107
SAN MARCOS, CA 92078-2637
*Phone:* (760) 304-5010
*Fax:* (818) 449-0994
*After Hours Phone:* (760) 304-5010
*Provider Gender:* Female
*License number*: BCBA3668
*NPI:* 1891950861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**LOCKE, BREANNA**
*Provider ID:* 123282
*Board Certified Specialty:* No
CENTER FOR AUTISM AND RELATED DISORDER
334 VIA VERA CRUZ STE 107
SAN MARCOS, CA 92078-2637
*Phone:* (760) 304-5010
*Fax:* (760) 539-9849
*After Hours Phone:* (760) 304-5010
*Provider Gender:* Female
*License number*: BCBA17469
*NPI:* 1861887416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-9PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:*

## CERTIFIED NURSE PRACTITIONER

**ANDREW, SHIRLEY A**
*Provider ID:* 288497
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 748-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 748-8935
*Provider Gender:* Female
*License number*: NP95017459
*NPI:* 1528731403
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COYLE, JENNIFER M**
*Provider ID:* 122758
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:*
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: NP95006591
*NPI:* 1538689310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**COYLE, JENNIFER M , NPA**
*Provider ID:* 253094
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 748-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 748-8935
*Provider Gender:* Female
*License number*: NP95006591
*NPI:* 1538689310
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**FAIQ, JAMILA, NPA**
*Provider ID:* 254825
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 474-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 474-8935
*Provider Gender:* Female
*License number*: NP95004759
*NPI:* 1518414366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FAIQ, JAMILA**
*Provider ID:* 262384
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 474-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 474-8935
*Provider Gender:* Female
*License number*: NP95004759
*NPI:* 1518414366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRANZ, CORTNEY D , NPA**
*Provider ID:* 257616
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 474-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 474-8935
*Provider Gender:* Female
*License number*: NP95004258
*NPI:* 1174077507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRANZ, CORTNEY D**
*Provider ID:* 262399
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 474-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 474-8935
*Provider Gender:* Female
*License number*: NP95004258
*NPI:* 1174077507
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KOHOUT, KATHRYN M**
*Provider ID:* 291105
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 556-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: NP95014401
*NPI:* 1316544331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 14/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KROCHMAL, RACHEL E**
*Provider ID:* 288905
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078-4236
*Phone:* (760) 740-2710
*Fax:* (858) 207-0003
*After Hours Phone:* (760) 740-2710

*Provider Gender:* Female
*License number*: NP457272
*NPI:* 1326117920
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MANCHESTER, KAREN L**
*Provider ID:* 288906
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078-4236
*Phone:* (760) 740-2710
*Fax:* (858) 207-0003
*After Hours Phone:* (760) 740-2710
*Provider Gender:* Female
*License number*: NP20883
*NPI:* 1801225941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MOGA, CLAIRE S**
*Provider ID:* 262368
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:*
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: NP95007255
*NPI:* 1144748211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

**MOONEY, PATRICIA J**
*Provider ID:* 280382
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: NP95015705
*NPI:* 1700470200
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MWAURA, WAIRIMU R , NPA**
*Provider ID:* 269681
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:*
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: NP95009639
*NPI:* 1598320996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**RORABAUGH, EMILY N**
*Provider ID:* 263140
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
1582 W SAN MARCOS BLVD STE 203
SAN MARCOS, CA 92078-4081
*Phone:* (760) 744-6710
*Fax:* (760) 744-6156
*After Hours Phone:* (760) 744-6710
*Provider Gender:* Female
*License number*: NP95004705
*NPI:* 1619424959
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**TAUBMAN, DEBORAH A**
*Provider ID:* 290965
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: NP7211
*NPI:* 1235307802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CERTIFIED REGISTERED NURSE MIDWIFE

**BELANGER, TANYA M**
*Provider ID:* 290739
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: NM235844
*NPI:* 1407287469
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CHIROPRACTOR

**LOVERN, JENNIFER K**
*Provider ID:* 290475
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: DC29074
*NPI:* 1235469396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MAUSER, JILL ELLEN A**
*Provider ID:* 270661

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1146 SAN MARINO DR
SAN MARCOS, CA 92078-4649
*Phone:* (760) 471-2033
*Fax:* (760) 471-2083
*After Hours Phone:* (760) 471-2033
*Provider Gender:* Female
*License number*: DC17617
*NPI:* 1033274311
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W-F 8AM-5PM, TU 8AM-12PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## DERMATOLOGY

**KIM, JESSICA Y**
*Provider ID:* 247631
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069-3596
*Phone:* (760) 738-7600
*Fax:* (760) 738-7616
*After Hours Phone:* (760) 738-7600
*Provider Gender:* Female
*License number*: 20A17031
*NPI:* 1245663228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKAT, ARUN P , MD**
*Provider ID:* 269347
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069-3596
*Phone:* (760) 738-7600
*Fax:* (760) 828-9141
*After Hours Phone:* (760) 738-7600
*Provider Gender:* Male
*License number*: A125103
*NPI:* 1952436354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKAT, ARUN P**
*Provider ID:* 72869
*Board Certified Specialty:* No
DERMATOLOGY SPECIALISTS INC
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069-3596
*Phone:* (760) 738-7600
*Fax:*
*After Hours Phone:* (760) 738-7600
*Provider Gender:* Male
*License number*: A125103
*NPI:* 1952436354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## FAMILY PRACTICE

**OTANEZ CERVANTES, JORGE A**
*Provider ID:* 291558
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: A153220
*NPI:* 1457734675
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

## HEMATOLOGY / ONCOLOGY

**BESSUDO, ALBERTO**
*Provider ID:* 125411
*Board Certified Specialty:* No
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 452-3340
*Fax:*
*After Hours Phone:* (760) 452-3340
*Provider Gender:* Male
*License number*: A50309
*NPI:* 1003888074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BESSUDO, ALBERTO, MD**
*Provider ID:* 256963
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: A50309
*NPI:* 1003888074
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**EISENBERG, STEVEN G**
*Provider ID:* 242456
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 747-7951
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: 20A8293
*NPI:* 1831162627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KOSMO, MICHAEL A , MD**
*Provider ID:* 241034
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599

*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: G54074
*NPI:* 1891742847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LAMON, JOEL M , MD**
*Provider ID:* 241037
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: G28164
*NPI:* 1699721035
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SULLIVAN, JESSICA E , MD**
*Provider ID:* 269662
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 747-7951
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: 20A16273
*NPI:* 1942407150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HOSPICE AND PALLIATIVE MEDICINE

**PASHA, SABIHA**
*Provider ID:* 276669
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: C50413
*NPI:* 1871529461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Mercy Medical Center Redding, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HOSPITALIST MD/DO

**HOKE, EILEEN M**

*Provider ID:* 290241
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A62558
*NPI:* 1528031457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## INTERNAL MEDICINE

**MCCLAY, EDWARD F , MD**
*Provider ID:* 243932
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: G64594
*NPI:* 1497727465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## INTERVENTIONAL CARDIOLOGY

**CARLSON, STEVEN K , MD**
*Provider ID:* 244811
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
955 BOARDWALK STE 100
SAN MARCOS, CA 92078-2659
*Phone:* (760) 798-8855
*Fax:* (760) 755-5245
*After Hours Phone:* (760) 798-8855
*Provider Gender:* Male
*License number*: A109957
*NPI:* 1467602946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Garfield Medical Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 121818
*Board Certified Specialty:* No
CARDIOVASCULAR INSTITUTE OF SAN DIEGO
955 BOARDWALK STE 100
SAN MARCOS, CA 92078-2659
*Phone:* (760) 798-8855
*Fax:*
*After Hours Phone:* (760) 798-8855
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*

*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## NEONATAL / PERINATAL MEDICINE

**BAILEY, ROMANA**
*Provider ID:* 290381
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A72224
*NPI:* 1396023685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Czech, Slovak
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Community Memorial Hosp Of San Buenaventura, St Johns Regional Medical Center, Fountain Valley Regional Hosp And Med Ctr, Saddleback Memorial Med Ctr, Providence Little Co Of Mary Med Ctr Torrance
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MOVAHHEDIAN, HAMID R**
*Provider ID:* 290298
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: A49253
*NPI:* 1619920816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## OBSTETRICS / GYNECOLOGY

**BABKINA, NATALIA**
*Provider ID:* 288899
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078-4236
*Phone:* (760) 740-2710
*Fax:* (858) 207-0003
*After Hours Phone:* (760) 740-2710
*Provider Gender:* Female
*License number*: A121142
*NPI:* 1396066635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Russian, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**CAMPBELL, LETICIA J**
*Provider ID:* 290401
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A131042
*NPI:* 1508124868
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**CIZMAR, BRANISLAV**
*Provider ID:* 288927
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078-4236
*Phone:* (760) 740-2710
*Fax:* (858) 207-0003
*After Hours Phone:* (760) 740-2710
*Provider Gender:* Male
*License number*: A80606
*NPI:* 1679554372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Slovak, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**HINSHAW, PAUL W**
*Provider ID:* 288907
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
120 CRAVEN RD STE 101
SAN MARCOS, CA 92078-4236
*Phone:* (760) 740-2710
*Fax:* (858) 207-0003
*After Hours Phone:* (760) 740-2710
*Provider Gender:* Male
*License number*: 20A13379
*NPI:* 1215170717
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

**MAZAREI, RAHELE**
*Provider ID:* 290198
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: 20A7358
*NPI:* 1639170459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOSTOFIAN, EIMANEH**
*Provider ID:* 290740
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A97181
*NPI:* 1154477628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**POUNTNEY, MARLENE E**
*Provider ID:* 257452
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A93248
*NPI:* 1174703680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Ihp Of Southern California

**POUNTNEY, MARLENE E**
*Provider ID:* 290189
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: A93248
*NPI:* 1174703680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Ihp Of Southern California

## ONCOLOGY MEDICAL

**EISENBERG, STEVEN G**
*Provider ID:* 54040
*Board Certified Specialty:* No
CA CANCER ASSOC FOR RES & EXCEL-ESCONDID
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 747-7951
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: 20A8293
*NPI:* 1831162627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**FRAKES, LAURIE A , MD**
*Provider ID:* 269134
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (559) 421-7004
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Female
*License number*: A52663
*NPI:* 1174595144
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KOSMO, MICHAEL A**
*Provider ID:* 70373
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: G54074
*NPI:* 1891742847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MCCLAY, EDWARD F**
*Provider ID:* 54085
*Board Certified Specialty:* No
CA CANCER ASSOC FOR RES & EXCEL-ESCONDID
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 747-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 747-8935
*Provider Gender:* Male
*License number*: G64594
*NPI:* 1497727465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/120
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SINCLAIR, JAMES M , MD**
*Provider ID:* 257003
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 300
SAN MARCOS, CA 92069-3599
*Phone:* (760) 474-8935
*Fax:* (760) 466-0078
*After Hours Phone:* (760) 474-8935
*Provider Gender:* Male
*License number*: G48926
*NPI:* 1356300230
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OPHTHALMOLOGY

**PRESTERA, TORY, MD**
*Provider ID:* 204707
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
100 N RANCHO SANTA FE RD STE 126
SAN MARCOS, CA 92069-1294
*Phone:* (760) 598-0400
*Fax:* (760) 598-5270
*After Hours Phone:* (760) 598-0400
*Provider Gender:* Male
*License number*: A62321

*NPI:* 1346224557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Thai
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PEDIATRICS**

**POSADAS, EMERITO D**
*Provider ID:* 257536
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Male
*License number*: A48980
*NPI:* 1720093198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-SA 8AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**PHYSICIANS ASSISTANT**

**SERING, MALIA A , NPA**
*Provider ID:* 269280
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
838 NORDAHL RD STE 250
SAN MARCOS, CA 92069-3596
*Phone:* (760) 738-7600
*Fax:* (760) 828-9141
*After Hours Phone:* (760) 738-7600
*Provider Gender:* Female
*License number*: PA19459
*NPI:* 1013198720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**REGISTERED PHYSICAL THERAPIST**

**DUONG, ANDREW Q**
*Provider ID:* 269953
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:* (760) 839-2901
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Male
*License number*: PT40674
*NPI:* 1154745404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KURTZ, BENJAMIN W**
*Provider ID:* 270332
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
277 RANCHEROS DR STE 150
SAN MARCOS, CA 92069-2976
*Phone:* (951) 696-9353
*Fax:*
*After Hours Phone:* (951) 696-9353
*Provider Gender:* Male
*License number*: PT291545
*NPI:* 1437555489
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**LANE, JENNIFER A**
*Provider ID:* 270663
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD # 200
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:* (760) 839-2901
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Female
*License number*: PT37920
*NPI:* 1477849537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MALLINSON, DARREN**
*Provider ID:* 271147
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:*
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Male
*License number*: PT28994
*NPI:* 1871607283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHANNON, MICHAEL J**
*Provider ID:* 269581
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:* (760) 839-2901
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Male
*License number*: PT27069
*NPI:* 1952577983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SHAO, PAULA J**
*Provider ID:* 269785
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:* (760) 839-2901
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Female
*License number*: PT19297
*NPI:* 1457649287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**YAP, AMANDA E**
*Provider ID:* 270649
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069-3587
*Phone:* (760) 839-2905
*Fax:* (760) 839-2901
*After Hours Phone:* (760) 839-2905
*Provider Gender:* Female

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*License number*: PT292801
*NPI:* 1992224141
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SURGERY NEUROLOGICAL**

**NGUYEN, ANDREW D**
*Provider ID:* 244136
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
277 RANCHEROS DR STE 100
SAN MARCOS, CA 92069-2959
*Phone:* (800) 926-8273
*Fax:*
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Male
*License number*: A91563
*NPI:* 1720216542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SAN YSIDRO**

**CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 290670
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 428-4463
*Fax:* (619) 662-4196
*After Hours Phone:* (619) 428-4463
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONCE, SONIA G**
*Provider ID:* 290657
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A145008
*NPI:* 1164659033
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**CHIROPRACTOR**

**KELCHNER, MATTHEW O**
*Provider ID:* 290508
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 428-4463
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 428-4463
*Provider Gender:* Male
*License number*: DC22733
*NPI:* 1174656755
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## FAMILY PRACTICE

**ESTRADA, JOHANNA A**
*Provider ID:* 291385
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A127188
*NPI:* 1255698155
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**JOHNSON, DANIEL W**
*Provider ID:* 290926
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: 20A9393
*NPI:* 1245311216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## INFECTIOUS DISEASE

**ALDOUS, JEANNETTE L**
*Provider ID:* 290421
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A101017
*NPI:* 1073650339
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**PARK, DANIEL**
*Provider ID:* 290693
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 662-4100
*Fax:* (619) 205-6341
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A99433
*NPI:* 1538371844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## INTERNAL MEDICINE

**HURST, MICHAEL D**
*Provider ID:* 291476
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: 20A8081
*NPI:* 1205893104
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sutter Tracy Community Hosp, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## MATERNAL AND FETAL MEDICINE

**FAKSH, ARIJ**
*Provider ID:* 290564
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 662-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: 20A14222
*NPI:* 1912166737
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## OBSTETRICS / GYNECOLOGY

**CALDERON, JORGE A**
*Provider ID:* 290563
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A40480
*NPI:* 1407800881
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Lompoc Valley Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**CARSON, LATISA S**
*Provider ID:* 290489
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A72235
*NPI:* 1245229129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**DANESHMAND, SHAHRAM S**
*Provider ID:* 290499
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: A63844
*NPI:* 1891867412
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**DINH, MY T**
*Provider ID:* 290490
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 428-4463
*Fax:* (213) 250-3369
*After Hours Phone:* (619) 428-4463
*Provider Gender:* Female
*License number*: 20A9907
*NPI:* 1316146996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**DOLINSKY, BRAD M**
*Provider ID:* 287240
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1967
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: C149818
*NPI:* 1942480199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**GOLDSTEIN, EDWARD M**
*Provider ID:* 290471
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1967
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: G20087
*NPI:* 1982617494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**JENKINS, ENCHANTA L**
*Provider ID:* 290569
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 428-4463
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 428-4463
*Provider Gender:* Female
*License number*: C143625
*NPI:* 1285604702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LAI, JASMINE**
*Provider ID:* 290578
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A113482
*NPI:* 1265661177
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M,W-F 8:30AM-5:30PM, TU 9AM-5PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MAJERSKI GONZALEZ, MANDY M**
*Provider ID:* 290725
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A113914
*NPI:* 1982812392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No

*Accessibility:*
*Hours:* M-F 8AM-8PM, SA 8AM-2PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MAJERSKI GONZALEZ, MANDY M**
*Provider ID:* 290957
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A113914
*NPI:* 1982812392
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SEFA-BOAKYE, KOFI D**
*Provider ID:* 290711
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: G59670
*NPI:* 1902993660
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**STARIKOV, ROMAN S**
*Provider ID:* 290025
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1967
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: C160626
*NPI:* 1396966537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## OPHTHALMOLOGY

**DE SILVA, NIHAL**
*Provider ID:* 290551
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: C135933
*NPI:* 1003834789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Marin General Hosp
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MANI, NASRIN**
*Provider ID:* 290378
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD # 102-103
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 205-4585
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 205-4585
*Provider Gender:* Female
*License number*: A40473
*NPI:* 1023061314
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PONS, MAURICIO E**
*Provider ID:* 290394
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD # 102-103
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 205-4585
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 205-4585
*Provider Gender:* Male
*License number*: A87650
*NPI:* 1376723759
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**SKAF, AYHAM R**
*Provider ID:* 290232
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD # 102-103
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 205-4585
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 205-4585
*Provider Gender:* Male
*License number*: A120584
*NPI:* 1285888628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## PEDIATRICS

**HERMAN, ANDREA M**
*Provider ID:* 257603
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-1967
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A72721
*NPI:* 1518970037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp

Chula Vista Med Ctr, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**TAYLOR, TASHA K**
*Provider ID:* 290077
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4050 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A82187
*NPI:* 1528144433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## PODIATRIST

**MANCHEL, BRUCE A**
*Provider ID:* 290615
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
4004 BEYER BLVD
SAN YSIDRO, CA 92173-2007
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-4PM, M-F 8:30AM-5:30PM, SA 8AM-2:30PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MANCHEL, BRUCE A**
*Provider ID:* 290617
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD # 102-103
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 205-4585
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 205-4585
*Provider Gender:* Male
*License number*: DPM2930
*NPI:* 1790890788
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## REGISTERED PHYSICAL THERAPIST

**DESOUSA, MICHELLE M**
*Provider ID:* 290486
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
*Phone:* (619) 662-4100
*Fax:* (619) 600-4870
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: PT294313
*NPI:* 1912443649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7:45AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## SANTEE

### ALLERGY IMMUNOLOGY

**REDDY, SUMANA**
*Provider ID:* 69230
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 588-4074
*Fax:*
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, SUMANA, MD**
*Provider ID:* 69230
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 377-6565
*Fax:* (619) 451-2111
*After Hours Phone:* (619) 377-6565
*Provider Gender:* Female
*License number*: C52581
*NPI:* 1053300251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH,SA 9AM-5PM, W,F 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### CERTIFIED NURSE PRACTITIONER

**GRIMM, HANA R**
*Provider ID:* 261036
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9600 CUYAMACA ST STE 101
SANTEE, CA 92071-2692
*Phone:* (619) 749-2150
*Fax:* (619) 456-9744
*After Hours Phone:* (619) 749-2150
*Provider Gender:* Female
*License number*: NP22474
*NPI:* 1831463751
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**MACCHIARELLA, TAWNYA L**
*Provider ID:* 261946
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
9600 CUYAMACA ST STE 101
SANTEE, CA 92071-2692
*Phone:* (619) 749-2150
*Fax:*
*After Hours Phone:* (619) 749-2150
*Provider Gender:* Female
*License number*: NP7154
*NPI:* 1194905489
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

## CHIROPRACTOR

**KELCHNER, MATTHEW O**
*Provider ID:* 290940
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 662-4100
*Fax:* (619) 205-6305
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: DC22733
*NPI:* 1174656755
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## FAMILY PRACTICE

**SAURIOL, TAWNY R**
*Provider ID:* 291601
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 662-4100
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Female
*License number*: A135955
*NPI:* 1164780219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Grossmont Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## GASTROENTEROLOGY

**REDDY, ANANTHRAM P**
*Provider ID:* 69412
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: C52423
*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-4:30PM, TH,F 8AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, ANANTHRAM P**
*Provider ID:* 69412
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 588-4074
*Fax:* (619) 326-0380
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: C52423
*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, ANANTHRAM P , MD**
*Provider ID:* 69412
*Board Certified Specialty:* No
SUMANA AND ANANTHRAM REDDY MD INC
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: C52423
*NPI:* 1124014923
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cambodian, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-W 8:30AM-4:30PM, TH,F 8AM-3PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, JOSEPH B**
*Provider ID:* 69226
*Board Certified Specialty:* No
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD
9456 CUYAMACA ST STE 102
SANTEE, CA 92071-5919
*Phone:* (619) 588-4074
*Fax:* (619) 588-4004
*After Hours Phone:* (619) 588-4074
*Provider Gender:* Male
*License number*: A46472
*NPI:* 1245215391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Imperial Health Holdings Medical Group-Sd

## PHYSICIANS ASSISTANT

**COOL, JAY M , NPA**
*Provider ID:* 241374
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 662-4100
*Fax:* (619) 873-3746
*After Hours Phone:* (619) 662-4100
*Provider Gender:* Male
*License number*: PA53135
*NPI:* 1407887227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY DIAGNOSTIC X-RAY

**NAUMANN, MICHAEL T , MD**
*Provider ID:* 269663
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9640 MISSION GORGE RD STE H
SANTEE, CA 92071-3854
*Phone:* (619) 258-8552
*Fax:* (619) 258-8553
*After Hours Phone:* (619) 258-8552
*Provider Gender:* Female
*License number*: A116596
*NPI:* 1386821171
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## RADIOLOGY

**JACOBSEN, JAMES C , MD**
*Provider ID:* 243976
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9640 MISSION GORGE RD STE H
SANTEE, CA 92071-3854
*Phone:* (619) 460-2770
*Fax:* (619) 460-2274
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: A87878
*NPI:* 1356394811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SU 7AM-7PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOORE, BRIAN S , MD**
*Provider ID:* 243961
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9640 MISSION GORGE RD STE H
SANTEE, CA 92071-3854
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: G68336
*NPI:* 1831144005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKATESH, VIJAY B , MD**
*Provider ID:* 269661
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9640 MISSION GORGE RD STE H
SANTEE, CA 92071-3854
*Phone:* (619) 460-2770
*Fax:* (619) 460-2774
*After Hours Phone:* (619) 460-2770
*Provider Gender:* Male
*License number*: A94476
*NPI:* 1689627085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**BOUTELLE, DAVID C**
*Provider ID:* 248308
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9830 PROSPECT AVE STE A
SANTEE, CA 92071-4375
*Phone:* (619) 448-4860
*Fax:* (619) 448-1639
*After Hours Phone:* (760) 591-7750
*Provider Gender:* Male
*License number*: PT12422
*NPI:* 1063461101
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM
*Website:*

*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DAHER, NICOLE M**
*Provider ID:* 270343
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9830 PROSPECT AVE STE A
SANTEE, CA 92071-4375
*Phone:* (619) 448-4860
*Fax:* (619) 448-1639
*After Hours Phone:* (619) 448-4860
*Provider Gender:* Female
*License number*: PT42881
*NPI:* 1790155844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DANSEY, ASHLEY R**
*Provider ID:* 270339
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
9830 PROSPECT AVE STE A
SANTEE, CA 92071-4375
*Phone:* (619) 448-4860
*Fax:* (619) 448-1639
*After Hours Phone:* (619) 448-4860
*Provider Gender:* Female
*License number*: PT36952
*NPI:* 1962716076
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GRIEGER, NANCY N**
*Provider ID:* 270118
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8790 CUYAMACA ST STE A
SANTEE, CA 92071-4295
*Phone:* (619) 596-5969
*Fax:* (619) 596-5970
*After Hours Phone:* (619) 596-5969
*Provider Gender:* Female
*License number*: PT40167
*NPI:* 1003956798
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MILLER, LAURA C**
*Provider ID:* 271143
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8790 CUYAMACA ST STE A
SANTEE, CA 92071-4295
*Phone:* (619) 596-5969
*Fax:* (619) 596-5970
*After Hours Phone:* (619) 596-5969
*Provider Gender:* Female
*License number*: PT26121
*NPI:* 1265454557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MONROE, MAX**
*Provider ID:* 126576
*Board Certified Specialty:* No
SAN DIEGO SPINE AND SPORT INC
8790 CUYAMACA ST STE A
SANTEE, CA 92071-4295
*Phone:* (619) 596-5969
*Fax:*
*After Hours Phone:* (619) 596-5969
*Provider Gender:* Male
*License number*: PT294368
*NPI:* 1295234433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*

*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
*Accessibility:* W
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:* www.spineandsport.com
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MONROE, MAX**
*Provider ID:* 269925
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8790 CUYAMACA ST STE A
SANTEE, CA 92071-4295
*Phone:* (619) 596-5969
*Fax:* (619) 596-5970
*After Hours Phone:* (619) 596-5969
*Provider Gender:* Male
*License number*: PT294368
*NPI:* 1295234433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROUILLARD, NORMA K**
*Provider ID:* 269600
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
8790 CUYAMACA ST STE A
SANTEE, CA 92071-4295
*Phone:* (619) 596-5969
*Fax:* (619) 596-5970
*After Hours Phone:* (619) 596-5969
*Provider Gender:* Female
*License number*: PT29262
*NPI:* 1194727305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SOLANA BEACH

### DERMATOLOGY

**GILBOA, RUTH, MD**
*Provider ID:* 269415
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
530 LOMAS SANTA FE DR STE D
SOLANA BEACH, CA 92075-1346
*Phone:* (858) 259-0056
*Fax:* (858) 259-0187
*After Hours Phone:* (858) 259-0056
*Provider Gender:* Female
*License number*: A46557
*NPI:* 1205873197
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Hospital West
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ROSS, ANDREW L , MD**
*Provider ID:* 269335
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
530 LOMAS SANTA FE DR STE D
SOLANA BEACH, CA 92075-1346
*Phone:* (858) 259-0056
*Fax:* (858) 259-0187
*After Hours Phone:* (858) 259-0056
*Provider Gender:* Male
*License number*: A140430
*NPI:* 1700140738
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*

*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**VENKAT, ARUN P , MD**
*Provider ID:* 269346
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
530 LOMAS SANTA FE DR STE D
SOLANA BEACH, CA 92075-1346
*Phone:* (858) 259-0056
*Fax:* (858) 259-0187
*After Hours Phone:* (858) 259-0056
*Provider Gender:* Male
*License number*: A125103
*NPI:* 1952436354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## HEARING AID DEALER / SUPPLIER

**DANDURAND, JOHN M , MD**
*Provider ID:* 269779
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
740 LOMAS SANTA FE DR STE 110
SOLANA BEACH, CA 92075-1441
*Phone:* (858) 259-4182
*Fax:* (805) 530-3989
*After Hours Phone:* (858) 259-4182
*Provider Gender:* Male
*License number*: HA2056
*NPI:* 1497901680
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SPRING VALLEY

### FAMILY PRACTICE

**CARDONES, ARTHUR J**
*Provider ID:* 25609
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: A55932
*NPI:* 1962436451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**CONSTANTINO, STEPHANIE L**
*Provider ID:* 128126
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A149063
*NPI:* 1366824971
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*

*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

## OBSTETRICS / GYNECOLOGY

**ALIMONOS, LYSISTRATI A**
*Provider ID:* 114830
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: 20A14919
*NPI:* 1619397031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**BUECHNER, CHARLENE A**
*Provider ID:* 127438
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A68463
*NPI:* 1376663831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**CARTER, KHALIL J**
*Provider ID:* 127378
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: A113001
*NPI:* 1225231582
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**CERVANTES, SANDRA M**
*Provider ID:* 114873
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A118095
*NPI:* 1073701041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**FOLCH TORRES-AGUIAR, BEATRIZ M**
*Provider ID:* 120515
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A148014
*NPI:* 1457794752
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**LIPSCHITZ, LISA S**
*Provider ID:* 25619
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A72005
*NPI:* 1649208711
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**LOEFFLER, ALLISON M**
*Provider ID:* 115547
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A116680
*NPI:* 1700073962
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**MELENDEZ BERRIOS, IARA DEL M**
*Provider ID:* 115042
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: A114181
*NPI:* 1740514249
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**RODRIGUEZ JEREZ, ROBERTO D**
*Provider ID:* 130082
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: A154298
*NPI:* 1710316450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**WINESBURG, JENNIFER J**
*Provider ID:* 114807
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Female
*License number*: 20A11535
*NPI:* 1811162456
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-7PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**ZIEG, ALAN J**
*Provider ID:* 25637
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: G78814
*NPI:* 1699790634
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 9AM-5PM, SA

9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

### PHYSICIANS ASSISTANT

**LOPEZ, MARIO A**
*Provider ID:* 115102
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: PA21385
*NPI:* 1932335080
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M,W-F 8:30AM-5:30PM, TU,SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

**TURNER, ERIC M**
*Provider ID:* 122064
*Board Certified Specialty:* No
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2555
*Fax:*
*After Hours Phone:* (619) 515-2555
*Provider Gender:* Male
*License number*: PA55067
*NPI:* 1669756128
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* ME
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM
*Website:* www.fhcsd.org
*Email:*
*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc
*IPA:*

## VISTA

### ALLERGY IMMUNOLOGY

**ZIERING, ROBERT W**
*Provider ID:* 26578
*Board Certified Specialty:* No
ALLERGY AND IMMUNOLOGY
2067 W VISTA WAY STE 140
VISTA, CA 92083-6032
*Phone:* (760) 941-4444
*Fax:* (760) 941-8902
*After Hours Phone:* (760) 941-4444
*Provider Gender:* Male
*License number*: A30813
*NPI:* 1215933148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* No
*Min/Max Age:* None
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**ZIERING, ROBERT W , MD**
*Provider ID:* 269520
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2067 W VISTA WAY STE 140
VISTA, CA 92083-6032
*Phone:* (760) 941-4444
*Fax:* (760) 941-8902
*After Hours Phone:* (760) 941-4444
*Provider Gender:* Male
*License number*: A30813
*NPI:* 1215933148
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Dutch, French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,TU,TH 8AM-4PM, W 8AM-4:30PM, F 7:30AM-4PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## CARDIOLOGY

**KABRA, ASHISH N , MD**
*Provider ID:* 271714
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2067 W VISTA WAY STE 225
VISTA, CA 92083-6001
*Phone:* (760) 224-7766
*Fax:* (760) 450-9655
*After Hours Phone:* (760) 224-7766
*Provider Gender:* Male
*License number*: A122620
*NPI:* 1639373798
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN**
*Provider ID:* 290776
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: 20A7241
*NPI:* 1689788234
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**PARIKH, MILIND D**
*Provider ID:* 290665
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: 20A13745
*NPI:* 1194161406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## CARDIOVASCULAR DISEASE

**DO, HULBERT N**
*Provider ID:* 290574
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: C162072
*NPI:* 1679733760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Grossmont Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH,SU 9AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CERTIFIED NURSE PRACTITIONER

**ALVAREZ, LISA J**
*Provider ID:* 278537
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP19911
*NPI:* 1417262718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Chula Vista Med Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**AYELE, MAHOGANY A**
*Provider ID:* 257586
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP19570
*NPI:* 1902120421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**AYELE, MAHOGANY A**
*Provider ID:* 257587
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (844) 308-5003
*Fax:* (760) 414-3763
*After Hours Phone:* (844) 308-5003
*Provider Gender:* Female
*License number*: NP19570
*NPI:* 1902120421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

**BROMAN, GRETCHEN L**
*Provider ID:* 280191
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No

♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**BROMAN, GRETCHEN L**
*Provider ID:* 280193
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95007885
*NPI:* 1922421288
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/0
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CARDINELL, ANNA C**
*Provider ID:* 291411
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 270
VISTA, CA 92081-7852
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP95002252
*NPI:* 1306978614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**CHAMBERLIN, KALIANA, NPA**
*Provider ID:* 271067
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95013030
*NPI:* 1457995706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CLARK, CYNTHIA, NPA**
*Provider ID:* 240000
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP16833
*NPI:* 1679698849
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**CORY, ALLISON H , NPA**
*Provider ID:* 245207
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083-4004

*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP20497
*NPI:* 1194027706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DEKKERS-O'HARE, INGRID F , NPA**
*Provider ID:* 241299
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP8665
*NPI:* 1013938968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**EKLUND, BONNIE L , NPA**
*Provider ID:* 243623
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (888) 216-8482
*Provider Gender:* Female
*License number*: NP15285
*NPI:* 1811978992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**EKLUND, BONNIE L , NPA**
*Provider ID:* 243624
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP15285
*NPI:* 1811978992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 18/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HALGEDAHL, YI T , NPA**
*Provider ID:* 241907
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: NP95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**KORMANIK, PATRICIA A**
*Provider ID:* 282072
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP9707
*NPI:* 1093895047
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**KOUSARI, JHALEH, NPA**
*Provider ID:* 239793
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP20893
*NPI:* 1811262405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**METZGER, JULIA**
*Provider ID:* 262139
*Board Certified Specialty:* No
RADY CHILDRENS HEALTH NETWORK
2067 W VISTA WAY STE 180
VISTA, CA 92083-6033
*Phone:* (760) 945-3434
*Fax:* (760) 945-6761
*After Hours Phone:* (760) 945-3434
*Provider Gender:* Female
*License number*: NP95010547
*NPI:* 1982050514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* No
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* SU 10AM-2PM, M-TH 8AM-8:30PM, F 8AM-5PM, SA 8AM-12PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Rady Childrens Health Network

**NICHOLAS, ESTELA M , NPA**
*Provider ID:* 239866
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP11448
*NPI:* 1558384792
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PATEMAN, CAROLYN U , NPA**
*Provider ID:* 239976

*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP10896
*NPI:* 1205859444
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**PRITZKER, JOELY R , NPA**
*Provider ID:* 239773
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP95000955
*NPI:* 1619384351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 12/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SMITH, SHARON T , NPA**
*Provider ID:* 242508
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: RN428876
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SMITH, SHARON T , NPA**
*Provider ID:* 242508
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NP15444
*NPI:* 1780603597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M,F 8AM-5PM, TU-TH 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SRILASAK, MICHELE**
*Provider ID:* 281857
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: NP13694
*NPI:* 1265487326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## CERTIFIED REGISTERED NURSE MIDWIFE

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290640
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:*
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-8PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**ZAMORA-FLYR, MARIA M**
*Provider ID:* 290641
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: NM1634
*NPI:* 1194938647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## CHIROPRACTOR

**CORTEZ, JAIME**
*Provider ID:* 290483
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 414-3892
*Fax:* (760) 631-5000
*After Hours Phone:* (760) 414-3892
*Provider Gender:* Male
*License number*: DC31392
*NPI:* 1508195348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**JU, NATHANIEL**
*Provider ID:* 290220
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: DC32054
*NPI:* 1972883882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):*

No
*Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**JU, NATHANIEL**
*Provider ID:* 290222
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: DC32054
*NPI:* 1972883882
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## FAMILY PRACTICE

**HIKES, RYAN M**
*Provider ID:* 291652
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: C178170
*NPI:* 1609862358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ N**
*Provider ID:* 282163
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (760) 536-7737
*Fax:* (760) 536-7959
*After Hours Phone:* (760) 536-7737
*Provider Gender:* Male
*License number*: A102482
*NPI:* 1144486929
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HEMATOLOGY / ONCOLOGY

**SIDDIQUI, FAREEHA H**
*Provider ID:* 282173
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A108879
*NPI:* 1104848720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Urdu
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**SUBRAMANIAN, RUPA**
*Provider ID:* 282181
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A67026
*NPI:* 1376547174
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil
*Cultural Competency:* No
*Hospital Affiliation:* Corona Regional Med Ctr, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas, Fountain Valley Regional Hosp And Med Ctr, University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HOSPICE AND PALLIATIVE MEDICINE

**RUBENZIK, TAMARA T**
*Provider ID:* 282128
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A119245
*NPI:* 1811200652
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

## HOSPITALIST MD/DO

**HOKE, EILEEN M**
*Provider ID:* 290240
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A62558
*NPI:* 1528031457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Naval Medical Ctr Sd Rbe
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## NEONATAL / PERINATAL MEDICINE

**BAILEY, ROMANA**
*Provider ID:* 290380
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A72224

*NPI:* 1396023685
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Czech, Slovak
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Community Memorial Hosp Of San Buenaventura, St Johns Regional Medical Center, Fountain Valley Regional Hosp And Med Ctr, Saddleback Memorial Med Ctr, Providence Little Co Of Mary Med Ctr Torrance
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MOVAHHEDIAN, HAMID R , MD**
*Provider ID:* 246863
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: A49253
*NPI:* 1619920816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/1
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

## OBSTETRICS / GYNECOLOGY

**ARRIETA, IRIS R**
*Provider ID:* 290607
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A125026
*NPI:* 1659614303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**BINDER, PRATIBHA S**
*Provider ID:* 282168
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A149945
*NPI:* 1174758031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FRANCIS, LARRY N**
*Provider ID:* 290292
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218

*Phone:* (760) 631-5000
*Fax:* (760) 414-3763
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: A34827
*NPI:* 1215008552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**HAWKINS, MELISSA A**
*Provider ID:* 290596
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3755
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A62780
*NPI:* 1851620447
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**KARANIKKIS, CHRISTOS A**
*Provider ID:* 290583
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: 20A9149
*NPI:* 1235192691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Greek, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LEONARD, LISA A**
*Provider ID:* 290710
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: G79676
*NPI:* 1477588598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 9AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**LEON, JOSUE D**
*Provider ID:* 290729
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male

*License number*: A80635
*NPI:* 1497799092
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California, Rady Childrens Health Network

**LOPEZ, SANDRA**
*Provider ID:* 290610
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3763
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A73316
*NPI:* 1962421651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**MAZAREI, RAHELE**
*Provider ID:* 290199
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
161 THUNDER DR STE 210
VISTA, CA 92083-6052
*Phone:* (760) 736-6767
*Fax:* (760) 736-8740
*After Hours Phone:* (760) 736-6767
*Provider Gender:* Female
*License number*: 20A7358
*NPI:* 1639170459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Sharp Memorial Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:*

**MOVAHHEDIAN, HAMID R**
*Provider ID:* 290297
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male
*License number*: A49253
*NPI:* 1619920816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc, Ihp Of Southern California

**POUNTNEY, MARLENE E**
*Provider ID:* 290190
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
161 THUNDER DR STE 210
VISTA, CA 92083-6052
*Phone:* (760) 757-5841
*Fax:* (619) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: A93248
*NPI:* 1174703680

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct, Ihp Of Southern California

**QUAN, MARIA C**
*Provider ID:* 290608
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3763
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: C143703
*NPI:* 1043281405
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian, Spanish, Tagalog
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Saddleback Memorial Med Ctr, Hoag Memorial Hospital Presbyterian
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**SCHWEIKERT, SUZANNE M**
*Provider ID:* 290423
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
161 THUNDER DR STE 210
VISTA, CA 92083-6052
*Phone:* (760) 757-5841
*Fax:* (619) 736-8740
*After Hours Phone:* (760) 757-5841
*Provider Gender:* Female
*License number*: A60958
*NPI:* 1477560142
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## PEDIATRICS

**RAHIMI, NASSRIN**
*Provider ID:* 257581
*Board Certified Specialty:* No
BLUE SHIELD PROMISE HEALTH PLAN DIRECT
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: A56214
*NPI:* 1063438166
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/18
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Blue Shield Promise Health Plan Direct

## PHYSICIANS ASSISTANT

**KUPIS, ROBERT J**
*Provider ID:* 291281
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Male

*License number*: PA58266
*NPI:* 1285676353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 16/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

**WALLACE, STEPHANIE C , NPA**
*Provider ID:* 239770
*Board Certified Specialty:* Yes
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (888) 216-8482
*Provider Gender:* Female
*License number*: PA19629
*NPI:* 1518104942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## PODIATRIST

**MILLER, JULIE A**
*Provider ID:* 290666
*Board Certified Specialty:* No
IHP OF SOUTHERN CALIFORNIA
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3763
*After Hours Phone:* (760) 631-5000
*Provider Gender:* Female
*License number*: DPM3999
*NPI:* 1619115664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ihp Of Southern California

## RADIOLOGY

**ALLEN, DERRICK R , MD**
*Provider ID:* 269616
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (858) 888-4444
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 888-4444
*Provider Gender:* Male
*License number*: A69840
*NPI:* 1215982970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**DOEMENY, JOHN M**
*Provider ID:* 269754
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (858) 888-4444
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 888-4444
*Provider Gender:* Male
*License number*: G50925
*NPI:* 1841243912
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**MOFFIT, BRIAN J**
*Provider ID:* 269532
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (858) 888-4444
*Fax:* (866) 558-4329
*After Hours Phone:* (858) 888-4444
*Provider Gender:* Male
*License number*: G51551
*NPI:* 1508817305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## REGISTERED PHYSICAL THERAPIST

**AMBROSE, CHRISTOPHER S**
*Provider ID:* 248009
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2067 W VISTA WAY STE 185
VISTA, CA 92083-6033
*Phone:* (760) 631-5888
*Fax:* (760) 631-5880
*After Hours Phone:* (760) 591-7750
*Provider Gender:* Male
*License number*: PT26311
*NPI:* 1114977535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 8/125
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M,W,F 7AM-7PM, TU,TH 7AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**SMITH, DENNIS R**
*Provider ID:* 247478
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2067 W VISTA WAY STE 185
VISTA, CA 92083-6033
*Phone:* (760) 631-5888
*Fax:* (760) 631-5880
*After Hours Phone:* (760) 631-5888
*Provider Gender:* Male
*License number*: PT22171
*NPI:* 1699724054
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:*
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 8/125
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 7AM-7PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

## SURGERY GENERAL

**ARMANI, AVA**
*Provider ID:* 282144
*Board Certified Specialty:* No
UCSD MEDICAL GROUP
910 SYCAMORE AVE STE 102
VISTA, CA 92081-7833
*Phone:* (800) 926-8273
*Fax:* (888) 539-8781
*After Hours Phone:* (800) 926-8273
*Provider Gender:* Female
*License number*: A118231
*NPI:* 1861759383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
*Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Ucsd Medical Group

**FIERER, ADAM S**
*Provider ID:* 86667
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2385 S MELROSE DR
VISTA, CA 92081-8788
*Phone:* (760) 300-3647
*Fax:* (760) 482-1316
*After Hours Phone:* (760) 300-3647
*Provider Gender:* Male
*License number*: G69685
*NPI:* 1205831161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**GROVE, JAY R , MD**
*Provider ID:* 245227
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2385 S MELROSE DR
VISTA, CA 92081-8788
*Phone:* (760) 300-3647
*Fax:* (760) 482-1316
*After Hours Phone:* (760) 300-3647
*Provider Gender:* Male
*License number*: A60426
*NPI:* 1912971334
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 0/999
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

**HANNA, KAREN J , MD**
*Provider ID:* 246422
*Board Certified Specialty:* No
COMMUNITY CARE IPA LLC
2385 S MELROSE DR
VISTA, CA 92081-8788
*Phone:* (760) 300-3647
*Fax:* (760) 482-1316
*After Hours Phone:* (760) 300-3647
*Provider Gender:* Female
*License number*: G88851
*NPI:* 1184687337
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* No
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Medical Center
*Medi-Cal Open Panel:* Yes
*Min/Max Age:* 13/100
*American Sign Language (ASL):* No
♿ *Accessibility:*
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*Website:*
*Email:*
*Medical Group(s):*
*IPA:* Community Care Ipa Llc

# E. Directorio de hospitales - Hospital general de atención aguda

**ALVARADO HOSPITAL LLC**
*Provider ID:* 170056
6655 ALVARADO RD
SAN DIEGO, CA 92120-5208
*Phone:* (619) 287-3270
*After Hours Phone:* (619) 287-3270
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1265468946
*Website:* www.alvaradohospital.com
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**GROSSMONT HOSPITAL**
*Provider ID:* 170046
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 465-0711
*After Hours Phone:* (619) 465-0711
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000006
*NPI:* 1528041811
*Website:* www.sharp.com/hospitals/grossmont/
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**KINDRED HOSPITAL SAN DIEGO**
*Provider ID:* 169663
1940 EL CAJON BLVD
SAN DIEGO, CA 92104-1005
*Phone:* (619) 543-4500
*After Hours Phone:* (619) 543-4500
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1992880512
*Website:*
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**PALOMAR HEATLH**
*Provider ID:* 170052
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4000
*After Hours Phone:* (858) 613-4000
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000127
*NPI:* 1376513754
*Website:* www.palomarhealth.org/facilities/palomar-poway-outpatient
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**PALOMAR MEDICAL CENTER**
*Provider ID:* 173011
2185 CITRACADO PKWY
ESCONDIDO, CA 92029-4159
*Phone:* (442) 281-5000
*After Hours Phone:* (442) 281-5000
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000083
*NPI:* 1457321317
*Website:* www.palomarhealth.org/facilities/palomar-medical-center
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

# E. Directorio de hospitales - Hospital general de atención aguda

**PARADISE VALLEY HOSPITAL**
*Provider ID:* 170057
2400 E 4TH ST
NATIONAL CITY, CA 91950-2026
*Phone:* (619) 470-4321
*After Hours Phone:* (619) 470-4321
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1356410351
*Website:* www.paradisevalleyhospital.net
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**RADY CHILDRENS HOSPITAL SAN DIEGO**
*Provider ID:* 171083
3020 CHILDRENS WAY
SAN DIEGO, CA 92123-4223
*Phone:* (858) 576-1700
*After Hours Phone:* (858) 576-1700
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1710065933
*Website:* www.rchsd.org
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS GREEN HOSPITAL**
*Provider ID:* 171084
10666 N TORREY PINES RD MS 220
LA JOLLA, CA 92037
*Phone:* (858) 455-9100
*After Hours Phone:* (858) 455-9100
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000139
*NPI:* 1841233780
*Website:* www.scripps.org/locations/hospitals__scripps-green-hospital
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS MEMORIAL HOSPITAL**
*Provider ID:* 170045
9888 GENESEE AVE
LA JOLLA, CA 92037-1205
*Phone:* (858) 457-4123
*After Hours Phone:* (858) 457-4123
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000050
*NPI:* 1841277704
*Website:* www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS MEMORIAL HOSPITAL ENCINITAS**
*Provider ID:* 170305
354 SANTA FE DR
ENCINITAS, CA 92024-5142
*Phone:* (760) 753-6501
*After Hours Phone:* (760) 753-6501
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000148
*NPI:* 1700829199
*Website:* www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas
*American Sign Language (ASL):* No

# E. Directorio de hospitales - Hospital general de atención aguda

Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS MERCY HOSPITAL**
*Provider ID:* 170048
4077 5TH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*After Hours Phone:* (619) 294-8111
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1659359446
*Website:* www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS MERCY HOSPITAL CHULA VISTA**
*Provider ID:* 170256
435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (619) 691-7000
*After Hours Phone:* (619) 691-7000
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000074
*NPI:* 1659359446
*Website:* www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SCRIPPS MERCY HOSPITAL CHULA VISTA**
*Provider ID:* 170256
435 H ST
CHULA VISTA, CA 91910-4307
*Phone:* (619) 691-7000
*After Hours Phone:* (619) 691-7000
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000074
*NPI:* 1154308005
*Website:* www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SHARP CHULA VISTA MED CTR**
*Provider ID:* 170251
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6617
*Phone:* (619) 502-5800
*After Hours Phone:* (619) 502-5800
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000008
*NPI:* 1396728630
*Website:* www.sharp.com/hospitals/chula-vista/
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SHARP CORONADO HOSP AND HEALTHCARE CTR**
*Provider ID:* 170252
250 PROSPECT PL
CORONADO, CA 92118-1943
*Phone:* (619) 522-3600
*After Hours Phone:* (619) 522-3600
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM

# E. Directorio de hospitales - Hospital general de atención aguda

*License number*:
*NPI:* 1154304475
*Website:*
www.sharp.com/hospitals/coronado/
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS**
*Provider ID:* 170054
3003 HEALTH CENTER DR
SAN DIEGO, CA 92123-2700
*Phone:* (858) 939-3400
*After Hours Phone:* (858) 939-3400
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 080000039
*NPI:* 1407839921
*Website:*
www.specialtyobstetrics.com
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**SHARP MEMORIAL HOSPITAL**
*Provider ID:* 170047
7901 FROST ST
SAN DIEGO, CA 92123-2701
*Phone:* (858) 499-4352
*After Hours Phone:* (858) 499-4352
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1407839921
*Website:*
www.sharp.com/hospitals/memorial/
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**TRI CITY MEDICAL CTR**
*Provider ID:* 170049
4002 VISTA WAY
OCEANSIDE, CA 92056-4506
*Phone:* (760) 724-8411
*After Hours Phone:* (760) 724-8411
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1801861190
*Website:* www.tricitymed.org
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**UCSD LA JOLLA JOHN SALLY THORNTON**
*Provider ID:* 170053
9300 CAMPUS POINT DR
LA JOLLA, CA 92037-1300
*Phone:* (858) 657-7000
*After Hours Phone:* (858) 657-7000
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000101
*NPI:* 1497021265
*Website:*
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**UCSD MEDICAL CTR**
*Provider ID:* 170051
200 W ARBOR DR
SAN DIEGO, CA 92103-1911
*Phone:* (619) 543-6222
*After Hours Phone:* (619) 543-6222
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:* JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000101

*NPI:* 1184722779
*Website:*
https://health.ucsd.edu/locations/pages/hillcrest.aspx
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

**VIBRA HOSPITAL OF SAN DIEGO**
*Provider ID:* 170165
555 WASHINGTON ST
SAN DIEGO, CA 92103-2289
*Phone:* (619) 260-8300
*After Hours Phone:* (619) 260-8300
*Accepting New Patients:* No
*Min/Max Age:* None
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*Hospital Accreditation Status:*
JCAHO
*Hours:* M-SA 9AM-5PM
*License number*: 090000404
*NPI:* 1639172133
*Website:*
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

# F. Centros de enfermería especializada

## CHULA VISTA

**BIRCH PATRICK CONV CTR**
*Provider ID:* 171998
751 MEDICAL CENTER CT
CHULA VISTA, CA 91911-6617
*Phone:* (619) 502-3600
*Fax:* (619) 502-5835
*After Hours Phone:* (619) 502-3600
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1538142369
*Website:*
www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**SOUTH BAY POST ACUTE CARE**
*Provider ID:* 394308
553 F ST
CHULA VISTA, CA 91910-3515
*Phone:* (619) 426-8611
*Fax:* (619) 427-0780
*After Hours Phone:* (619) 426-8611
*Accepting New Patients:* No
*Hours:* M-F 9AM-5PM, SA 9AM-5PM
*License number*: 090000120
*NPI:* 1376946277
*Website:*
http://southbaypostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Filipino, Pilipino
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## CORONADO

**VILLA CORONADO CONVALESCENT**
*Provider ID:* 172644
233 PROSPECT PL
CORONADO, CA 92118-1967
*Phone:* (619) 552-3900
*Fax:* (619) 522-3939
*After Hours Phone:* (619) 552-3900
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1184607418
*Website:*
www.sharp.com/hospitals/coronado/departments/long-term-care.cfm
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## EL CAJON

**AVOCADO POST ACUTE**
*Provider ID:* 171985
510 E WASHINGTON AVE
EL CAJON, CA 92020-5324
*Phone:* (619) 440-1211
*Fax:* (619) 440-4956
*After Hours Phone:* (619) 440-1211
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000117
*NPI:* 1568484517
*Website:*
www.avocadopostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**COTTONWOOD CANYON HEALTHCARE CENTER**
*Provider ID:* 171983
1391 E MADISON AVE
EL CAJON, CA 92021-8568
*Phone:* (619) 444-1107
*Fax:* (619) 444-1403
*After Hours Phone:* (619) 444-1107
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1013953199
*Website:*
http://cottonwoodcanyonhc.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

# F. Centros de enfermería especializada

**COUNTRY HILLS HEALTH CARE CENTER**
*Provider ID:* 416853
1580 BROADWAY
EL CAJON, CA 92021-5124
*Phone:* (619) 441-8745
*Fax:* (619) 442-2553
*After Hours Phone:* (619) 441-8745
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 08000361
*NPI:* 1700973963
*Website:* www.countryhills.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin
*Cultural Competency:* No
*American Sign Language (ASL):* Yes
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**MAGNOLIA POST ACUTE CARE**
*Provider ID:* 380518
635 S MAGNOLIA AVE
EL CAJON, CA 92020-6012
*Phone:* (616) 442-8826
*Fax:* (619) 442-0288
*After Hours Phone:* (616) 442-8826
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000072
*NPI:* 1316340227
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**PARKSIDE HEALTH AND WELLNESS CENTER**
*Provider ID:* 349923
444 W LEXINGTON AVE
EL CAJON, CA 92020-4416
*Phone:* (619) 442-7744
*Fax:* (619) 447-0641
*After Hours Phone:* (619) 442-7744
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000068
*NPI:* 1447653340
*Website:* http://parksidehealth.net
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

**SAN DIEGO POST ACUTE CENTER**
*Provider ID:* 173508
1201 S ORANGE AVE
EL CAJON, CA 92020-7521
*Phone:* (619) 441-1988
*Fax:* (619) 441-7416
*After Hours Phone:* (619) 441-1988
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1285061085
*Website:* http://sdpostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**SOMERSET SUBACUTE AND CARE**
*Provider ID:* 348526
151 CLAYDELLE AVE
EL CAJON, CA 92020-4505
*Phone:* (619) 442-0245
*Fax:* (614) 423-3631
*After Hours Phone:* (619) 442-0245
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000027
*NPI:* 1073916987
*Website:* http://somersetsubacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**THE BRADLEY COURT**
*Provider ID:* 419158
675 E BRADLEY AVE
EL CAJON, CA 92021-3110

*Phone:* (619) 448-6633
*Fax:* (619) 448-5462
*After Hours Phone:* (619) 448-6633
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1629129267
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**VICTORIA POST ACUTE CARE**
*Provider ID:* 387720
654 S ANZA ST
EL CAJON, CA 92020-6602
*Phone:* (619) 440-5005
*Fax:* (619) 442-8271
*After Hours Phone:* (619) 440-5005
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000025
*NPI:* 1326441239
*Website:*
www.victoriapostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

**VICTORIA POST ACUTE CARE**
*Provider ID:* 387720
654 S ANZA ST
EL CAJON, CA 92020-6602
*Phone:* (619) 440-5005
*Fax:* (619) 442-8271
*After Hours Phone:* (619) 440-5005
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000025
*NPI:* 1326441239
*Website:*
http://victoriapostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

**VILLA LAS PALMAS HEALTHCARE CTR**
*Provider ID:* 172020
622 S ANZA ST
EL CAJON, CA 92020-6602
*Phone:* (619) 442-0544
*Fax:* (619) 442-6177
*After Hours Phone:* (619) 442-0544
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1023048295
*Website:*
http://villalaspalmascares.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## ENCINITAS

**AVIARA HEALTHCARE CENTER**
*Provider ID:* 171995
944 REGAL RD
ENCINITAS, CA 92024-4634
*Phone:* (760) 944-0331
*Fax:* (760) 634-1337
*After Hours Phone:* (760) 944-0331
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1518146620
*Website:*
http://aviarahealthcare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**ENCINITAS NURSING AND REHAB CTR**
*Provider ID:* 171977
900 SANTA FE DR
ENCINITAS, CA 92024-3919
*Phone:* (760) 753-6423
*Fax:* (760) 753-4979
*After Hours Phone:* (760) 753-6423
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM

*License number*:
*NPI:* 1265415749
*Website:*
https://www.covenantcare.com/stores/encinitas-nursing-and-rehabilitation-center/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, W
*Public transportation (within 1/2 mile from Site):* Yes

## ESCONDIDO

### ESCONDIDO CARE CENTER
*Provider ID:* 172027
421 E MISSION AVE
ESCONDIDO, CA 92025-1909
*Phone:* (760) 747-0430
*Fax:* (760) 747-0569
*After Hours Phone:* (760) 747-0430
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1588660765
*Website:*
http://escondidopostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

### LIFE CARE CENTER OF ESCONDIDO
*Provider ID:* 172010
1980 FELICITA RD
ESCONDIDO, CA 92025-5922
*Phone:* (760) 741-6109
*Fax:* (760) 741-5237
*After Hours Phone:* (760) 741-6109
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1386681286
*Website:*
http://lifecarecenterofescondido.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* No

### PALOMAR HEIGHTS CARE CTR
*Provider ID:* 170055
1260 E OHIO AVE
ESCONDIDO, CA 92027-3054
*Phone:* (760) 746-1100
*Fax:* (760) 746-1201
*After Hours Phone:* (760) 746-1100
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1255337440
*Website:*
http://palomarheightsrehab.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

### PALOMAR VISTA HEALTHCARE CTR
*Provider ID:* 171988
201 N FIG ST
ESCONDIDO, CA 92025-3416
*Phone:* (760) 746-0303
*Fax:* (760) 738-1749
*After Hours Phone:* (760) 746-0303
*Accepting New Patients:* No
*Hours:* M-F,SU 12AM-11:59PM, SA 9AM-5PM
*License number*:
*NPI:* 1861491490
*Website:* http://palomarvista.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

### VALLE VISTA POST ACUTE
*Provider ID:* 171968
1025 W 2ND AVE
ESCONDIDO, CA 92025-3839
*Phone:* (760) 745-1842
*Fax:* (760) 745-4346
*After Hours Phone:* (760) 745-1842
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1659369262

*Website:*
https://www.covenantcare.com/stores/valle-vista-convalescent-hospital/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):*
No
♿ *Accessibility:* P, EB, IB, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

## LA MESA

**GROSSMONT HOSPITAL DP SNF**
*Provider ID:* 172643
5555 GROSSMONT CENTER DR, DO NOT USE
LA MESA, CA 91942
*Phone:* (619) 740-4110
*Fax:*
*After Hours Phone:* (619) 740-4110
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1417930249
*Website:*
www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):*
No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## LA JOLLA

**LA JOLLA NURSING AND REHAB CTR**
*Provider ID:* 171975
2552 TORREY PINES RD
LA JOLLA, CA 92037-3432
*Phone:* (858) 453-5810
*Fax:* (858) 452-4301
*After Hours Phone:* (858) 453-5810
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1457486078
*Website:*
https://www.covenantcare.com/stores/la-jolla-nursing-and-rehabilitation-center/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):*
No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## LA MESA

**ARBOR HILLS NURSING CENTER**
*Provider ID:* 172007
7800 PARKWAY DR
LA MESA, CA 91942-2001
*Phone:* (619) 460-2330
*Fax:* (619) 460-5821
*After Hours Phone:* (619) 460-2330
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 080000066
*NPI:* 1356345706
*Website:*
www.lifegen.net/arborhills/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Tagalog, Spanish, Russian
*Cultural Competency:* No
*American Sign Language (ASL):*
No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**CARE MERIDIAN LA MESA**
*Provider ID:* 173379
5640 AZTEC DR
LA MESA, CA 91942-1948
*Phone:* (619) 403-5267
*Fax:* (619) 465-0019
*After Hours Phone:* (619) 403-5267
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1235404674
*Website:*
https://www.neurorestorative.com/state-location/la-mesa
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):*
No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**COMMUNITY CARE CENTER**
*Provider ID:* 171984
8665 LA MESA BLVD
LA MESA, CA 91942-9503

*Phone:* (619) 465-0702
*Fax:* (619) 828-1782
*After Hours Phone:* (619) 465-0702
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000033
*NPI:* 1225028327
*Website:* www.communitycarectr.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**COUNTRY MANOR LA MESA HEALTHCARE CENTER**
*Provider ID:* 172023
5696 LAKE MURRAY BLVD
LA MESA, CA 91942-1929
*Phone:* (619) 460-7871
*Fax:* (619) 460-4810
*After Hours Phone:* (619) 460-7871
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 080000020
*NPI:* 1457345001
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**GROSSMONT POST ACUTE CARE**
*Provider ID:* 310488
8787 CENTER DR
LA MESA, CA 91942-3034
*Phone:* (619) 460-4444
*Fax:* (619) 713-5116
*After Hours Phone:* (619) 460-4444
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 080000024
*NPI:* 1689077588
*Website:* http://grossmontpostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**LA MESA HEALTHCARE CTR**
*Provider ID:* 172022
3780 MASSACHUSETTS AVE
LA MESA, CA 91941-7638
*Phone:* (619) 465-1313
*Fax:* (619) 465-8429
*After Hours Phone:* (619) 465-1313
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1003852666
*Website:* http://lamesahealthcare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**PARKWAY HILLS NURSING & REHAB**
*Provider ID:* 417047
7760 PARKWAY DR
LA MESA, CA 91942-2028
*Phone:* (619) 469-0124
*Fax:* (619) 828-7654
*After Hours Phone:* (619) 469-0124
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 080000053
*NPI:* 1174926448
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

## LEMON GROVE

**BELLA VISTA HEALTH CENTER**
*Provider ID:* 419062
7922 PALM ST
LEMON GROVE, CA 91945-2956
*Phone:* (619) 644-1000
*Fax:* (619) 797-2920
*After Hours Phone:* (619) 644-1000
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000142

*NPI:* 1760709687
*Website:*
www.bellavistahealth.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**LEMON GROVE CARE AND REHAB CTR**
*Provider ID:* 172013
8351 BROADWAY
LEMON GROVE, CA
91945-2009
*Phone:* (619) 463-0294
*Fax:* (619) 461-1064
*After Hours Phone:* (619) 463-0294
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1336134204
*Website:*
http://lemongrovecare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## NATIONAL CITY

**CASTLE MANOR NURSING AND REHABILITATION CTR**
*Provider ID:* 171978
541 S V AVE
NATIONAL CITY, CA
91950-2828
*Phone:* (619) 791-7900
*Fax:* (619) 791-7980
*After Hours Phone:* (619) 791-7900
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000294
*NPI:* 1497759856
*Website:*
www.lifegen.net/castlemanor/index.html
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**FRIENDSHIP MANOR NURSING AND REHABILITATION CTR**
*Provider ID:* 171973
902 EUCLID AVE
NATIONAL CITY, CA
91950-3808
*Phone:* (619) 791-7700
*Fax:* (619) 791-7791
*After Hours Phone:* (619) 791-7700
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000049
*NPI:* 1235133687
*Website:*
www.lifegen.net/friendshipmanor/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**PARADISE VALLEY HEALTH CARE CENTER**
*Provider ID:* 171106
2575 E 8TH ST
NATIONAL CITY, CA
91950-2913
*Phone:* (619) 470-6700
*Fax:* (619) 470-0404
*After Hours Phone:* (619) 470-6700
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 090000141
*NPI:* 1275513293
*Website:* http://pvhcc.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**WINDSOR GARDENS CONV CTR OF SAN DIEGO**
*Provider ID:* 172011
220 E 24TH ST
NATIONAL CITY, CA
91950-6705
*Phone:* (619) 474-6741
*Fax:* (619) 474-1925
*After Hours Phone:* (619) 474-6741
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000035
*NPI:* 1730176538
*Website:* www.windsorcare.com

*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

## OCEANSIDE

### LA PALOMA HEALTHCARE CTR

*Provider ID:* 172021
3232 THUNDER DR
OCEANSIDE, CA 92056-4447
*Phone:* (760) 724-2193
*Fax:* (714) 964-2137
*After Hours Phone:* (760) 724-2193
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1265462436
*Website:*
www.lapalomahealthcare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Armenian, Korean, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

## POWAY

### BOULDER CREEK POST ACUTE

*Provider ID:* 276987
12696 MONTE VISTA RD
POWAY, CA 92064-2500
*Phone:* (858) 487-6242
*Fax:*
*After Hours Phone:* (858) 487-6242
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*: 080000251
*NPI:* 1073902672
*Website:*
http://bouldercreekpa.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

### POWAY HEALTHCARE CENTER

*Provider ID:* 171989
15632 POMERADO RD
POWAY, CA 92064-2406
*Phone:* (858) 485-5153
*Fax:* (858) 485-7694
*After Hours Phone:* (858) 485-5153
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1407035512
*Website:* http://powaycare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

### THE VILLAS AT POWAY

*Provider ID:* 172642
15615 POMERADO RD
POWAY, CA 92064-2405
*Phone:* (858) 613-4545
*Fax:*
*After Hours Phone:* (858) 613-4545
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1619947090
*Website:*
www.palomarhealth.org/skilled-nursing/villa-pomerado
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## SAN DIEGO

### ACCESS TO INDEPENDENCE

*Provider ID:* 417267
8885 RIO SAN DIEGO DR STE 131
SAN DIEGO, CA 92108-1625
*Phone:* (619) 293-3500
*Fax:* (619) 704-2054
*After Hours Phone:* (619) 293-3500
*Accepting New Patients:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*License number*:
*NPI:* 1083039861
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes

*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**ARROYO VISTA NURSING CTR**
*Provider ID:* 172028
3022 45TH ST
SAN DIEGO, CA 92105-4302
*Phone:* (619) 283-5855
*Fax:* (619) 284-6327
*After Hours Phone:* (619) 283-5855
*Accepting New Patients:* No
*Hours:* M-SU 9AM-5PM
*License number*:
*NPI:* 1487640066
*Website:* http://arroyovistacare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Arabic, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**BALBOA NURSING AND REHAB CTR**
*Provider ID:* 416840
3520 4TH AVE
SAN DIEGO, CA 92103-4913
*Phone:* (619) 291-5270
*Fax:* (619) 291-1671
*After Hours Phone:* (619) 291-5270
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000057
*NPI:* 1578521274
*Website:* http://balboahc.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Tagalog, Vietnamese
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**
*Provider ID:* 171971
11895 AVENUE OF INDUSTRY
SAN DIEGO, CA 92128-3423
*Phone:* (858) 673-0101
*Fax:* (858) 673-8320
*After Hours Phone:* (858) 673-0101
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1083727093
*Website:* http://carmelmountain.net
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

**JACOB HEALTH CARE CENTER LLC**
*Provider ID:* 172617
4075 54TH ST
SAN DIEGO, CA 92105-2301
*Phone:* (619) 582-5168
*Fax:* (619) 325-0194
*After Hours Phone:* (619) 582-5168
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000093
*NPI:* 1881684900
*Website:* www.jacobhealthcare.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**MISSION HILLS POST ACUTE CARE**
*Provider ID:* 339053
3680 REYNARD WAY
SAN DIEGO, CA 92103-3847
*Phone:* (619) 297-4484
*Fax:* (855) 214-6992
*After Hours Phone:* (619) 297-4484
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000032
*NPI:* 1669875563
*Website:* http://missionhillspostacute.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No

*American Sign Language (ASL):* No
♿ *Accessibility:* P, E, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

**RADY CHILDRENS CONVALESCENT HOSPITAL**
*Provider ID:* 172200
8022 BIRMINGHAM DR
SAN DIEGO, CA 92123-2707
*Phone:* (858) 966-5833
*Fax:* (858) 966-8558
*After Hours Phone:* (858) 966-5833
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1992881478
*Website:* www.rchsd.org
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**REO VISTA HEALTHCARE CTR**
*Provider ID:* 171993
6061 BANBURY ST
SAN DIEGO, CA 92139-3624
*Phone:* (619) 475-2211
*Fax:* (619) 479-9126
*After Hours Phone:* (619) 475-2211
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1255499174
*Website:* http://reovista.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**SAN DIEGO HEALTHCARE CENTER**
*Provider ID:* 171991
2828 MEADOW LARK DR
SAN DIEGO, CA 92123-2710
*Phone:* (858) 277-6460
*Fax:* (858) 277-6004
*After Hours Phone:* (858) 277-6460
*Accepting New Patients:* No
*Hours:* M-SU 8AM-5PM
*License number*:
*NPI:* 1003098906
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**UNIVERSITY CARE CENTER**
*Provider ID:* 172024
5602 UNIVERSITY AVE
SAN DIEGO, CA 92105-2308
*Phone:* (619) 583-1993
*Fax:* (619) 501-3559
*After Hours Phone:* (619) 583-1993
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1871522672
*Website:* http://universitycarecenter.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**VILLA RANCHO BERNARDO CARE CENTER**
*Provider ID:* 172009
15720 BERNARDO CENTER DR
SAN DIEGO, CA 92127-5861
*Phone:* (858) 672-3900
*Fax:* (858) 672-9247
*After Hours Phone:* (858) 672-3900
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1518063437
*Website:* www.villaranchobernardo.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL**
*Provider ID:* 172012
1201 34TH ST
SAN DIEGO, CA 92102-2416

*Phone:* (619) 232-2946
*Fax:* (310) 595-3529
*After Hours Phone:* (619) 232-2946
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*: 090000052
*NPI:* 1811963028
*Website:* https://windsorgoldenhill.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, R, W
*Public transportation (within 1/2 mile from Site):* Yes

## SANTEE

**STANFORD COURT SKILLED NURSING AND REHAB CENTER**
*Provider ID:* 171994
8778 CUYAMACA ST
SANTEE, CA 92071-4255
*Phone:* (619) 449-5555
*Fax:* (619) 449-4948
*After Hours Phone:* (619) 449-5555
*Accepting New Patients:* No
*Hours:* M-SU 8AM-5PM
*License number*: 080000299
*NPI:* 1184628554
*Website:* www.lifegen.net/stanfordcourt/
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, EB, IB, E, R, T, W
*Public transportation (within 1/2 mile from Site):* Yes

## SPRING VALLEY

**MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC**
*Provider ID:* 171969
325 KEMPTON ST
SPRING VALLEY, CA 91977-5810
*Phone:* (619) 931-1151
*Fax:* (224) 233-1397
*After Hours Phone:* (619) 931-1151
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1649375403
*Website:* www.mountmiguelcovenantvillage.org
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC**
*Provider ID:* 171969
325 KEMPTON ST
SPRING VALLEY, CA 91977-5810
*Phone:* (619) 931-1151
*Fax:* (224) 233-1397
*After Hours Phone:* (619) 931-1151
*Accepting New Patients:* No
*Hours:* M-SU 12AM-11:59PM
*License number*:
*NPI:* 1649375403
*Website:* covlivingmountmiguel.org
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

## VISTA

**LA FUENTE POST ACUTE**
*Provider ID:* 429590
247 E BOBIER DR
VISTA, CA 92084-3026
*Phone:* (760) 945-3033
*Fax:* (760) 945-8926
*After Hours Phone:* (760) 945-3033
*Accepting New Patients:* No
*Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1366802696
*Website:*
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**LIFE CARE CENTER OF VISTA**
*Provider ID:* 171970
304 N MELROSE DR
VISTA, CA 92083-4814

*Phone:* (760) 724-8222
*Fax:* (760) 941-4870
*After Hours Phone:* (760) 724-8222
*Accepting New Patients:* No
*Hours:* M-SU 9AM-5PM
*License number*:
*NPI:* 1811942063
*Website:* www.lcca.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

**VISTA HEALTHCARE CENTER**
*Provider ID:* 171990
247 E BOBIER DR
VISTA, CA 92084-3026
*Phone:* (760) 945-3033
*Fax:* (760) 724-3169
*After Hours Phone:* (760) 945-3033
*Accepting New Patients:* No
*Hours:* M-F 8AM-5PM, SA 9AM-5PM
*License number*:
*NPI:* 1912189812
*Website:* http://astorhealth.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* P, R, W
*Public transportation (within 1/2 mile from Site):* Yes

**VISTA KNOLL SPECIALIZED CARE FACILITY**
*Provider ID:* 172017
2000 WESTWOOD RD
VISTA, CA 92083-5123
*Phone:* (760) 630-2273
*Fax:* (760) 630-0913
*After Hours Phone:* (760) 630-2273
*Accepting New Patients:* No
*Hours:* M-SU 8:30AM-5PM
*License number*:
*NPI:* 1275533929
*Website:* http://vistaknoll.com
*Credentials and/or certifications:*
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Korean, Tagalog, Vietnamese, Spanish
*Cultural Competency:* No
*American Sign Language (ASL):* No
♿ *Accessibility:* W
*Public transportation (within 1/2 mile from Site):* Yes

# G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

## CHULA VISTA

**OPEN ARMS ADHC**
*Provider ID:* 417307
301 E J ST
CHULA VISTA, CA 91910-6223
*Phone:* (619) 420-1404
*Fax:* (619) 420-1408
*After Hours Phone:* (619) 420-1404
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1598882169
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* No
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*
http://openarmsadhc.com

## EL CAJON

**WESTERN ADHC**
*Provider ID:* 417305
240 S MAGNOLIA AVE
EL CAJON, CA 92020-4524
*Phone:* (619) 631-7222
*Fax:* (619) 631-9228
*After Hours Phone:* (619) 631-7222
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1821125550
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*
https://sites.google.comsite/westernadhcec/contact-us

## ESCONDIDO

**INTERFAITH COMMUNITY SERVICES**
*Provider ID:* 580498
250 N ASH ST
ESCONDIDO, CA 92027-3026
*Phone:* (760) 489-6380
*Fax:*
*After Hours Phone:* (760) 489-6380
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1932767381
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

## LA MESA

**GOLDEN LIFE ADHC**
*Provider ID:* 448456
7373 UNIVERSITY AVE STE 101
LA MESA, CA 91942-0578
*Phone:* (619) 433-3398
*Fax:* (619) 337-1499
*After Hours Phone:* (619) 433-3398
*Accepting New Patients:* No
*Site Language(s) Spoken:* Russian, Arabic, Farsi*Hours:* M-SU 8AM-4PM
*License number*:
*NPI:* 1093921900
*Accomodations for those with physical disabilities:* W
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* Yes
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* Y
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*

## NATIONAL CITY

**HORIZONS ADHC**
*Provider ID:* 417295
1035 HARBISON AVE
NATIONAL CITY, CA 91950-3919
*Phone:* (619) 474-1822
*Fax:* (619) 474-1826
*After Hours Phone:* (619) 474-1822
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*: 060000582
*NPI:* 1528107273
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:* www.horizonsadhc.com

## SAN DIEGO

**CASA PACIFICA ADHCC**
*Provider ID:* 417303
1424 30TH ST STE C
SAN DIEGO, CA 92154-3417
*Phone:* (619) 424-8181
*Fax:* (619) 424-8151
*After Hours Phone:* (619) 424-8181
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1609920305
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:* www.casa-pacifica.com

**LOVING CARE ADHC**
*Provider ID:* 419961

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# G. Servicios Comunitarios para Adultos (CBAS, por sus siglas en inglés)

2565 CAMINO DEL RIO S STE 201
SAN DIEGO, CA 92108-3789
*Phone:* (619) 718-9777
*Fax:* (619) 569-2855
*After Hours Phone:* (619) 718-9777
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SU 8:30AM-4PM
*License number*:
*NPI:* 1346455961
*Accomodations for those with physical disabilities:* W
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*
www.lovingcareadhc.com

**MAMAS KITCHEN**
*Provider ID:* 591315
3960 HOME AVE
SAN DIEGO, CA 92105-5925
*Phone:* (619) 233-6262
*Fax:* (619) 233-6283
*After Hours Phone:* (619) 233-6262
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*:
*NPI:* 1346723434
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*

**NEIGHBORHOOD HOUSE ASSOC ADHC**
*Provider ID:* 417306
851 S 35TH ST
SAN DIEGO, CA 92113-2701
*Phone:* (619) 233-6691
*Fax:* (619) 233-6693
*After Hours Phone:* (619) 233-6691
*Accepting New Patients:* No
*Site Language(s) Spoken:* Spanish*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM
*License number*:
*NPI:* 1669690921
*Accomodations for those with physical disabilities:* W
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*
www.neighborhoodhouse.org/nha-programs/adult-day-health-care-center/

**SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE**
*Provider ID:* 539018
4428 CONVOY ST STE 288

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SAN DIEGO, CA 92111-3761
*Phone:* (858) 244-4555
*Fax:* (858) 724-3302
*After Hours Phone:* (858) 244-4555
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*: 550005837
*NPI:* 1396201828
*Accomodations for those with physical disabilities:*
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*

*Phone:* (760) 682-2424
*Fax:* (760) 471-5104
*After Hours Phone:* (760) 682-2424
*Accepting New Patients:* No
*Site Language(s) Spoken: Hours:* M-SA 9AM-5PM
*License number*: 060000832
*NPI:* 1528271186
*Accomodations for those with physical disabilities:* W
*Public transportation (within 1/2 mile from Site):* Yes
*American Sign Language (ASL):* No
*Language Line interpreter services:* No
*If Facility has completed cultural competence training?:* No
*Facility has access to skilled medical interpreters on site?:* No
*Interpreter Non-English Languages:* N
*Medi-Cal:* Y
Special Expertise:
*- Physical Disabilities?:*
*- Chronic Illness?:*
*- HIV/AIDS?:*
*- Serious Mental Illness?:*
*- Homelessness?:*
*- Deaf or Hard-of-Hearing?:*
*- Blindness or Visual Impairement?:*
*- Co-ocurring Disorders?:*
*If any other, please indicate:*
*Website:*
www.americareadhc.com

**SAN MARCOS**

**AMERICARE ADHC**
*Provider ID:* 420060
340 RANCHEROS DR STE 196
SAN MARCOS, CA 92069-2980

# H. Servicios de Apoyo en el Hogar (IHSS, por sus siglas en inglés) en el condado

**AGING & INDEPENDENCE SERVICES**
Specialty: Case Management
Provider ID: 94605
AGING & INDEPENDENCE SERVICES
5560 OVERLAND AVE
SAN DIEGO, CA 92123
Phone: (858) 495-5885
Fax: (858) 495-5080
After Hours Phone:
License number: 1710308986
NPI: 1710308986
Site English Spoken: Yes
Site Language(s) Spoken:
Cultural Competency:
Hospital Affiliation:
Medi-Cal Open Panel: Yes
Min/Max Age: None
American Sign Language (ASL):
Please contact provider for Accessibility information
Hours: M-F 8AM-5PM
Website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html
Medical Group(s):
IPA:

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# I. Autoridad pública

**COUNTY OF SAN DIEGO**
**IHSS PUBLIC AUTHORITY**
401 MILE OF CARS WAY, STE 200
NATIONAL CITY, CA 91950
Phone: (866) 351-7722
After Hours Phone:
Site English Spoken:
Site Language(s) Spoken:
Cultural Competency:
American Sign Language (ASL):
Hours: M-F 8AM-5PM
Website: https://www.sdihsspa.com/

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# J. Directorio de proveedores de salud mental

## ALPINE

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1620 ALPINE BLVD
ALPINE, CA 91901-1102
*Phone:* (619) 445-6200
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1620 ALPINE BLVD
ALPINE, CA 91901-1102
*Phone:* (619) 445-6200
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1620 ALPINE BLVD
ALPINE, CA 91901-1102
*Phone:* (619) 445-6200
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MUIR, KATHLEEN G , MFT**
*Provider Gender:* Female
*License number*: 52081
*NPI:* 1093009334
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MUIR, KATHLEEN
2165 ARNOLD WAY
ALPINE, CA 91901-2157
*Phone:* (619) 873-7738
*Fax:* (619) 324-4154
*After Hours Phone:* (619) 873-7738
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 6PM-9PM, TU,TH 10AM-9PM, F 10AM-1:30PM, SA 10AM-3PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1620 ALPINE BLVD
ALPINE, CA 91901-1102
*Phone:* (619) 445-6200
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**
*Provider Gender:* Female
*License number*: PSY28694
*NPI:* 1346398922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1620 ALPINE BLVD
ALPINE, CA 91901-1102
*Phone:* (619) 445-6200
*Fax:* (619) 320-3347
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## BORREGO SPRINGS

**MCEVOY, PAMELA T , PSY**
*Provider Gender:* Female
*License number*: PSY10150
*NPI:* 1043231715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
4343 YAQUI PASS ROAD
BORREGO SPRINGS, CA 92004
*Phone:* (760) 767-5051
*Fax:* (760) 767-4552
*After Hours Phone:* (760) 767-5051
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## BONITA

**GALLEGOS SKOMAL, MARIA, MFT**
*Provider Gender:* Female
*License number*: 43149
*NPI:* 1235294992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
GALLEGOS SKOMAL, MARIA
4045 BONITA RD STE 107
BONITA, CA 91902-1300
*Phone:* (619) 843-0242
*Fax:* (619) 470-4711
*After Hours Phone:* (619) 843-0242
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

## CAMPO

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
31115 HIGHWAY 94
CAMPO, CA 91906-3133
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BRIDGEFORD, MARIE L , PSY**
*Provider Gender:* Female
*License number*: 29716
*NPI:* 1144623869
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAMBERS, NICOLE, PSY**
*Provider Gender:* Female
*License number*: PSY30966
*NPI:* 1821297029
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
31115 HIGHWAY 94
CAMPO, CA 91906-3133
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
31115 HIGHWAY 94
CAMPO, CA 91906-3133
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
31115 HIGHWAY 94
CAMPO, CA 91906-3133
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**
*Provider Gender:* Female
*License number*: PSY28694
*NPI:* 1346398922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 445-6200
*Fax:* (619) 478-2267
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## CARLSBAD

**AFONTA, ADAOBI J , NPA**
*Provider Gender:* Female
*License number*: 950111766
*NPI:* 1295385581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**AGUILAR, JACQUELINE A , CSW**
*Provider Gender:* Female
*License number*: 98686
*NPI:* 1790119931
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

# J. Directorio de proveedores de salud mental

**AKANDE, ADERONKE, NPA**
*Provider Gender:* Female
*License number*: 21597
*NPI:* 1083980247
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**ALLEN, MARK H , PSY**
*Provider Gender:* Male
*License number*: 11665
*NPI:* 1922042886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ALLEN, MARK
1207 CARLSBAD VILLAGE DR STE R
CARLSBAD, CA 92008-1958
*Phone:* (760) 846-1945
*Fax:* (760) 434-3557
*After Hours Phone:* (760) 846-1945
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,TH 9AM-7PM, F 12PM-5PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AMERI, GINA, NPA**
*Provider Gender:* Female
*License number*: 95014769
*NPI:* 1750994323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**ANDERSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28391
*NPI:* 1063851939
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ANDRADE, GENEVIEVE, PSY**
*Provider Gender:* Female
*License number*: 29019
*NPI:* 1124158027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**AVILA, FERNANDO M , PSY**
*Provider Gender:* Male
*License number*: 31410
*NPI:* 1962783464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BAHADOR, ALBORZ, PSY**
*Provider Gender:* Male
*License number*: 27236
*NPI:* 1659678068
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BARNETT, CHALON, CSW**
*Provider Gender:* Female
*License number*: 87431

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1144657537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BARRETT, ANN, PSY**
*Provider Gender:* Female
*License number*: 28146
*NPI:* 1205380706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BARRIOS, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 87975
*NPI:* 1821632670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BARTLETT, SARA P , CSW**
*Provider Gender:* Female
*License number*: 25746
*NPI:* 1780060574
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BAUTISTA-SANTANA, YUBITZA, CSW**
*Provider Gender:* Female
*License number*: 76685
*NPI:* 1427203744
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BENDER, MARGARET H , CSW**
*Provider Gender:* Female
*License number*: 101346
*NPI:* 1326622812
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BENNET, MELANIE, PSY**
*Provider Gender:* Female
*License number*: 30334
*NPI:* 1639516602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BIRDSALL, JENNIFER A , PSY**
*Provider Gender:* Female
*License number*: 26694
*NPI:* 1871844084
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BLUMENSTEIN, ROSALYNE, CSW**
*Provider Gender:* Female
*License number*: 24228
*NPI:* 1750675542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BODILY, APRIL, NPA**
*Provider Gender:* Female
*License number*: 23389
*NPI:* 1407288236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**BOULWARE, DESSIRAE L , PSY**
*Provider Gender:* Female
*License number*: 28641
*NPI:* 1376827519
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BRUZAS, JESSICA J , PSY**
*Provider Gender:* Female
*License number*: 28129
*NPI:* 1689910010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BUGAS, JOHN S , PSY**
*Provider Gender:* Male
*License number*: 10562
*NPI:* 1811285356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BURCIAGA, HENRY, MFT**
*Provider Gender:* Male
*License number*: MFT19940
*NPI:* 1487785705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURRELL, TRACEY, PSY**
*Provider Gender:* Female
*License number*: 16091
*NPI:* 1811079809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CAMBRONNE, MARIE-ADDLY, MD**
*Provider Gender:* Female
*License number*: C171240
*NPI:* 1639372543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CARROLL, MICHAEL C , PSY**
*Provider Gender:* Male
*License number*: 24334
*NPI:* 1578731303
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CASPI, HEN, PSY**
*Provider Gender:* Female
*License number*: 32520
*NPI:* 1568844207
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**CHANG, GRACE, PSY**
*Provider Gender:* Female
*License number*: 31147
*NPI:* 1871074997
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHEN, SHARON, PSY**
*Provider Gender:* Female
*License number*: 21946
*NPI:* 1376674036
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, MARIELA M , PSY**
*Provider Gender:* Female
*License number*: 23277
*NPI:* 1801145727
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DAIMS, RICHARD, PSY**
*Provider Gender:* Male
*License number*: 11929
*NPI:* 1992814701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DALE, MARIAN, PSY**
*Provider Gender:* Female
*License number*: 18257
*NPI:* 1821370941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DAVIS, REDD E , CSW**
*Provider Gender:* Female
*License number*: 99230
*NPI:* 1629418710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DOWNEY, MEGHAN M , PSY**
*Provider Gender:* Female
*License number*: 30788
*NPI:* 1467910901
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DOYLE, TERI L , PSY**
*Provider Gender:* Female
*License number*: 19065
*NPI:* 1568003820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DUALE, FAIZA M , PSY**
*Provider Gender:* Female
*License number*: 30188
*NPI:* 1497154751
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Somali
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

# J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**DUVVURI, VIKAS, MD**
*Provider Gender:* Male
*License number*: A99706
*NPI:* 1255470480
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Telugu
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ETTELSON, RICHARD, PSY**
*Provider Gender:* Male
*License number*: 18953
*NPI:* 1174569453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FERRARO, PIA, NPA**
*Provider Gender:* Female
*License number*: 766694
*NPI:* 1700203361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
3146 TIGER RUN CT STE 105
CARLSBAD, CA 92010-6696
*Phone:* (858) 227-0887
*Fax:*
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**FERRARO, PIA, NPA**
*Provider Gender:* Female
*License number*: 766694
*NPI:* 1700203361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**FISHER, MELISSA A , NPA**
*Provider Gender:* Female
*License number*: 620421
*NPI:* 1316108616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FLEISHMAN, SCOTT A , PSY**
*Provider Gender:* Male
*License number*: 18011
*NPI:* 1942411343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FOSTER, RHYAN N , PSY**
*Provider Gender:* Female
*License number*: PSY30106
*NPI:* 1447617519
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**FOWLER, BROCK L , PSY**
*Provider Gender:* Male
*License number*: 20528
*NPI:* 1841408127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FRANCE, SHADAVIA C , PSY**
*Provider Gender:* Female
*License number*: 31452
*NPI:* 1003122854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GENGENBACHER, MARIA A , PSY**

*Provider Gender:* Female
*License number*: 21014
*NPI:* 1508098021
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GERAGHTY, MICHAEL E , PSY**
*Provider Gender:* Male
*License number*: 30600
*NPI:* 1114491545
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GHEYTANCHI, ANAHITA, PSY**
*Provider Gender:* Female

*License number*: 25467
*NPI:* 1538466800
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GIRALDO, FIORELLA P , CSW**
*Provider Gender:* Female
*License number*: 13315
*NPI:* 1932235611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FIORELLA GIRALDO
8019 PASEO ALISO
CARLSBAD, CA 92009-9026
*Phone:* (760) 519-5409
*Fax:* (760) 635-0852
*After Hours Phone:* (760) 519-5409
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,TH 9AM-5PM, W 9AM-12PM

**GIVEN, JEANNETTE E , PSY**
*Provider Gender:* Female
*License number*: 12040
*NPI:* 1952529422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GLOOR MAUNG, PRISCA, PSY**
*Provider Gender:* Female
*License number*: 21864
*NPI:* 1699809251
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GONZALEZ, JOSE, CSW**

*Provider Gender:* Male
*License number*: 80920
*NPI:* 1689844847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOREWITZ, JANET F , PSY**
*Provider Gender:* Female
*License number*: 12213
*NPI:* 1952742306
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HALL, KIMBERLY A , PSY**
*Provider Gender:* Female
*License number*: PSY19448
*NPI:* 1730232356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

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**HANSEN, JULIE H , CSW**
*Provider Gender:* Female
*License number*: 23641
*NPI:* 1366576886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HARRIS, CATHERINE G , PSY**
*Provider Gender:* Female
*License number*: 22197
*NPI:* 1871743880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HARRIS, SUSAN A , MD**
*Provider Gender:* Female
*License number*: C50886
*NPI:* 1982700365
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HEICKLEN, OKSANA, MFT**
*Provider Gender:* Female
*License number*: 43656
*NPI:* 1093938664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
HEICKLEN, OKSANA
2564 STATE ST STE B
CARLSBAD, CA 92008-1662
*Phone:* (760) 805-4740
*Fax:* (760) 407-6099
*After Hours Phone:* (760) 805-4740
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 10AM-8PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**HIRSCH, NORMA J , PSY**
*Provider Gender:* Female
*License number*: 15140
*NPI:* 1073706982
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HOANG, HANNAH, CSW**
*Provider Gender:* Female
*License number*: LCSW95198
*NPI:* 1760615348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**HOOKER, TERESA J , PSY**
*Provider Gender:* Female
*License number*: 30780
*NPI:* 1750586731
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HURST, SUSAN I , PSY**
*Provider Gender:* Female
*License number*: 14337
*NPI:* 1336157379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**IZBICKI, KRISTEN, PSY**

*Provider Gender:* Female
*License number*: 28924
*NPI:* 1528327350
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**JARAMILLO, CARLA, PSY**
*Provider Gender:* Female
*License number*: 27512
*NPI:* 1689823627
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ALYCIA S , CSW**
*Provider Gender:* Female
*License number*: 94372
*NPI:* 1942815550
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KANG, DIANA C , PSY**

*Provider Gender:* Female
*License number*: 27101
*NPI:* 1215016985
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KEATS, LAUREN B , PSY**
*Provider Gender:* Female
*License number*: 29411
*NPI:* 1356699342
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KELSON, MONICA B , PSY**
*Provider Gender:* Female
*License number*: 13224
*NPI:* 1922184803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KHALITCHI, MARJANEH, PSY**
*Provider Gender:* Female
*License number*: 32068
*NPI:* 1558962324
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
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*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

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**KLIGER, JARED C , PSY**
*Provider Gender:* Male
*License number*: 22666
*NPI:* 1477787802
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KOGOUT, OXANA A , NPA**
*Provider Gender:* Female
*License number*: 95004052
*NPI:* 1477910214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**KOOZEKANANI, ROSHAN S , MD**
*Provider Gender:* Female
*License number*: C171720
*NPI:* 1407878515
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KRAETZ, FRANK A , PSY**
*Provider Gender:* Male
*License number*: 30944
*NPI:* 1366787764
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KRUEGER, BONNIE, PSY**
*Provider Gender:* Female
*License number*: 16400
*NPI:* 1144425935
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**KU, WENDY, PSY**
*Provider Gender:* Female
*License number*: 24640
*NPI:* 1932242716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**LEAKE, MADELEINE, PSY**
*Provider Gender:* Female
*License number*: 29896
*NPI:* 1336640226
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**LI, TORNA, PSY**
*Provider Gender:* Female
*License number*: 25938
*NPI:* 1154579431
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
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*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**LOPEZ, FREDERICK, PSY**
*Provider Gender:* Male
*License number*: 32140
*NPI:* 1669671699
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**LYNN, BRIAN W , PSY**
*Provider Gender:* Male
*License number*: 19295
*NPI:* 1972046423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*After Hours Phone:* (800) 275-3243
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MACKIE, MICHAEL W , PSY**
*Provider Gender:* Male
*License number*: 30000
*NPI:* 1851881379
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MAKAIPO, JANELLE, MFT**
*Provider Gender:* Female
*License number*: 44159
*NPI:* 1114450640
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
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*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**MANN, PAVANINDER S , PSY**
*Provider Gender:* Male
*License number*: 18296
*NPI:* 1306931167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Panjabi, Punjabi
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MASSIMINO, ASHLEY A , PSY**
*Provider Gender:* Female
*License number*: 23992
*NPI:* 1619161569
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MCKOWN, JULIE, NPA**
*Provider Gender:* Female
*License number*: 95010619
*NPI:* 1205393964
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

**MEISENHEIMER, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 74848
*NPI:* 1073875548
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MELE, ANTHONY J , PSY**
*Provider Gender:* Male
*License number*: 30995
*NPI:* 1619021599
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MELVILLE, TAYLOR, PSY**
*Provider Gender:* Female
*License number*: PSY30319
*NPI:* 1518480730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MENDONSA, ANDREW D , PSY**
*Provider Gender:* Male
*License number*: 23208
*NPI:* 1760530117
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MESGARHA, EIMA, PSY**
*Provider Gender:* Female
*License number*: 29797
*NPI:* 1518335017
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**METELLUS, JENNA, PSY**
*Provider Gender:* Female
*License number*: 30486
*NPI:* 1891043865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MISCHKA, MELISSA F , PSY**
*Provider Gender:* Female
*License number*: 28982
*NPI:* 1730496183
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MOENCH, PAUL, PSY**
*Provider Gender:* Male
*License number*: 18012
*NPI:* 1033430889
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MOON, MALLORY L , PSY**
*Provider Gender:* Female
*License number*: 31108
*NPI:* 1205496932
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
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*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**NEVITT, JENNIFER A , PSY**
*Provider Gender:* Female
*License number*: 15338
*NPI:* 1790267292
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**NGUYEN, CHINH, CSW**
*Provider Gender:* Female
*License number*: LCSW91337
*NPI:* 1679717045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**NGUYEN, LILI K , PSY**
*Provider Gender:* Female
*License number*: 28728
*NPI:* 1881967123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**OBI, RACHAEL I , NRS**
*Provider Gender:* Female
*License number*: 95011263
*NPI:* 1760940001
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**OKORONKWO, NNENNAYA, NPA**
*Provider Gender:* Female
*License number*: 95010504
*NPI:* 1710458096
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**OVERIN, FORREST M , MFT**
*Provider Gender:* Male
*License number*: 20617
*NPI:* 1952459398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FORREST M OVERIN, LMFT
2945 HARDING ST STE 105
CARLSBAD, CA 92008-1818
*Phone:* (760) 434-1941
*Fax:* (760) 433-1941
*After Hours Phone:* (760) 434-1941
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* W,F 10AM-6PM, SA 8AM-2PM

**PARK, RUSSELL D , PSY**
*Provider Gender:* Male
*License number*: 14275
*NPI:* 1326020710
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**PATEL ESCAMILLA, SHIVANI, PSY**
*Provider Gender:* Female
*License number*: 23884
*NPI:* 1558555862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**PEARL, ROBYN, PSY**
*Provider Gender:* Female
*License number*: 25174
*NPI:* 1770836603
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**PEER, LORNA K , PSY**
*Provider Gender:* Female
*License number*: 23958
*NPI:* 1922260561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean,

Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**PHAM, LOAN V , NPA**
*Provider Gender:* Female
*License number*: 16368
*NPI:* 1053440065
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**PHAM, TUYEN T , PSY**
*Provider Gender:* Female
*License number*: 25400
*NPI:* 1871746834
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**REININGA, ERIC J , PSY**
*Provider Gender:* Male
*License number*: 18803
*NPI:* 1710146816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**RIZZUTO, CORY, PSY**
*Provider Gender:* Male
*License number*: 28117
*NPI:* 1083995930
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
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*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German,

Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ROSENBLUM-FISHMAN, SARA, PSY**
*Provider Gender:* Female
*License number*: 29104
*NPI:* 1982860706
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ROTHSCHILD, DEBORAH C , CSW**
*Provider Gender:* Female
*License number*: 16795
*NPI:* 1437442167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
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*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SAID, SARA, PSY**
*Provider Gender:* Female
*License number*: 22653
*NPI:* 1174654149
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Amharic, Tigrinya
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SAMUELS, DEANNE, PSY**
*Provider Gender:* Female
*License number*: PSY18392
*NPI:* 1144859836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SANCHEZ, JULIE, PSY**
*Provider Gender:* Female
*License number*: 31013
*NPI:* 1013165836
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SCAGLIONE, CRIS, PSY**
*Provider Gender:* Female
*License number*: 30718
*NPI:* 1770732927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SELDEN, CATHERINE, PSY**
*Provider Gender:* Female
*License number*: 15943
*NPI:* 1134636764
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SHIRINIAN, MOSES S , PSY**
*Provider Gender:* Male
*License number*: 23194
*NPI:* 1477902864
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SHIVER, SHEBA L , PSY**
*Provider Gender:* Female
*License number*: 27837
*NPI:* 1043344344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SMITH, MARYAM, PSY**
*Provider Gender:* Female
*License number*: 27252
*NPI:* 1396916169
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SONCRANT, SARAH C , PSY**
*Provider Gender:* Female
*License number*: 30002
*NPI:* 1770066607
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SONG, NATALIE, NPA**
*Provider Gender:* Female
*License number*: 95011618
*NPI:* 1790207215
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Korean
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SOUTH, LARA L , PSY**
*Provider Gender:* Female
*License number*: 31523
*NPI:* 1851652655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SPEARS, KENNETH B , PSY**
*Provider Gender:* Male
*License number*: 29427
*NPI:* 1700390366
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**STAEFFLER, IMME, PSY**
*Provider Gender:* Female
*License number*: 29936
*NPI:* 1558875351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
German
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
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*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**STARK, ROHN, PSY**
*Provider Gender:* Male
*License number*: 26386
*NPI:* 1902219850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SUEN, TIFFANY R , PSY**
*Provider Gender:* Female
*License number*: 31554
*NPI:* 1609152537
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Mandarin
*Cultural Competency:*
MEMORY CHECK
PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**SWISTUN, DOMINIKA, PSY**
*Provider Gender:* Female
*License number*: 30984
*NPI:* 1669875373
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**TABISH, RAINIE, PSY**
*Provider Gender:* Female
*License number*: 28333
*NPI:* 1134367832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**TAN, ALISON, PSY**
*Provider Gender:* Female
*License number*: 32890
*NPI:* 1962172593
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES

1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TRUONG, DONNA, PSY**
*Provider Gender:* Female
*License number*: 30689
*NPI:* 1972798098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**TYLER, CAROL P , PSY**
*Provider Gender:* Female
*License number*: 23922
*NPI:* 1902842370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**VETTER, JEAN L , CSW**
*Provider Gender:* Female
*License number*: 93945
*NPI:* 1659898641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WARD MCKINLAY, THOMAS, PSY**
*Provider Gender:* Male
*License number*: 7065
*NPI:* 1346778081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**WARD, ELIZABETH T , MFT**
*Provider Gender:* Female
*License number*: 29328
*NPI:* 1487689725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2292 FARADAY AVE
CARLSBAD, CA 92008-7238

*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Vietnamese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**WARD, ELIZABETH T , MFT**
*Provider Gender:* Female
*License number*: 29328
*NPI:* 1487689725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
3146 TIGER RUN CT STE 105
CARLSBAD, CA 92010-6696
*Phone:* (858) 227-0887
*Fax:*
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1295 CARLSBAD VILLAGE DR STE 100
CARLSBAD, CA 92008-1950
*Phone:* (760) 736-6767
*Fax:* (760) 720-7204
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**YANEZ-CRUZ, EVETTE, PSY**
*Provider Gender:* Female
*License number*: 23985
*NPI:* 1104969427
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ZALEWSKI ZARAGOZA, ROBERT A , MD**
*Provider Gender:* Male
*License number*: A85005
*NPI:* 1720054133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ZANOLINI, SHANNA, PSY**
*Provider Gender:* Female
*License number*: 22836
*NPI:* 1194038265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MEMORY CHECK PSYCHOLOGICAL SERVICES
5838 EDISON PL STE 100
CARLSBAD, CA 92008-5520
*Phone:* (800) 275-3243
*Fax:* (760) 444-2211
*After Hours Phone:* (800) 275-3243
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Amharic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi, Somali
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

## CHULA VISTA

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUAYO, SILVIA R , MFT**
*Provider Gender:* Female
*License number*: 45814
*NPI:* 1982927059
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
AGUAYO, SILVIA
229 F ST STE A
CHULA VISTA, CA 91910-2822
*Phone:* (619) 454-0055
*Fax:* (619) 432-0045
*After Hours Phone:* (619) 454-0055
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* Yes
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-8:30PM, SA 9AM-12PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AIDAR-CURRIER, RENATA, CSW**
*Provider Gender:* Female
*License number*: LCSW26063
*NPI:* 1932277597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
AIDAR-CURRIER, RENATA
625 THIRD AVE
CHULA VISTA, CA 91910-5703

*Phone:* (619) 804-6918
*Fax:* (619) 476-7566
*After Hours Phone:* (619) 804-6918
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 1PM-7PM, TU 3PM-8PM, W 10AM-8PM, SA 9AM-1PM

**ALAVI, ALI S , MD**
*Provider Gender:* Male
*License number*: A163793
*NPI:* 1356856694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ALAVI, ALI S , MD**
*Provider Gender:* Male
*License number*: A163793
*NPI:* 1356856694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALFARO, AMY, CSW**
*Provider Gender:* Female
*License number*: 72874
*NPI:* 1609326859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ALFARO, AMY, CSW**
*Provider Gender:* Female
*License number*: 72874
*NPI:* 1609326859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE

CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Fax:* (619) 702-8536
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BARCELOS ANTONIO, TIAGO,**

**CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENZL, JERRY F , MD**
*Provider Gender:* Male
*License number*: A154471
*NPI:* 1487032082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENZL, JERRY F , MD**
*Provider Gender:* Male
*License number*: A154471
*NPI:* 1487032082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BROWN, CRAIG A , MD**
*Provider Gender:* Male
*License number*: G28188
*NPI:* 1730239989
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BROWN, CRAIG
480 FOURTH AVE STE 511
CHULA VISTA, CA 91910-4414
*Phone:* (619) 426-0370
*Fax:* (619) 426-0676
*After Hours Phone:* (619) 426-0370
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 10AM-7PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BUI, ANTHONY, MD**
*Provider Gender:* Male
*License number*: A146965
*NPI:* 1346628880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BURNS, PETER B , MD**
*Provider Gender:* Male
*License number*: G145142
*NPI:* 1891727533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BURNS, PETER B , MD**
*Provider Gender:* Male
*License number*: G145142
*NPI:* 1891727533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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CHULA VISTA, CA 91910-2628
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CLONTS, PAUL A , CSW**
*Provider Gender:* Male
*License number*: 87259
*NPI:* 1467808568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CLONTS, PAUL A , CSW**
*Provider Gender:* Male
*License number*: 87259
*NPI:* 1467808568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:*

**CRUZ ARAUJO, ANDREA L , MD**
*Provider Gender:* Female
*License number*: A160789
*NPI:* 1124401435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CRUZ ARAUJO, ANDREA L , MD**
*Provider Gender:* Female
*License number*: A160789
*NPI:* 1124401435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DE LLANO, CARMEN, PSY**
*Provider Gender:* Female
*License number*: PSY11154
*NPI:* 1992752406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
DR. CARMEN DE LLANO, PH.D.
815 THIRD AVE STE 107
CHULA VISTA, CA 91911-1308
*Phone:* (619) 584-6299
*Fax:*
*After Hours Phone:* (619) 584-6299
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DEBBOLD, ERIC M , MD**
*Provider Gender:* Male
*License number*: 164068
*NPI:* 1144726415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DEBBOLD, ERIC M , MD**
*Provider Gender:* Male
*License number*: 164068
*NPI:* 1144726415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue

Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
835 THIRD AVE
CHULA VISTA, CA 91911-1352

*Phone:* (619) 427-4661
*Fax:* (619) 426-7849
*After Hours Phone:* (619) 427-4661
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 9AM-8PM, TU,W,F 9AM-5PM, TH 12PM-8PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLYNN CRUZ, MARY E , CSW**
*Provider Gender:* Female
*License number*: 92918
*NPI:* 1942814181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FLYNN CRUZ, MARY E , CSW**
*Provider Gender:* Female
*License number*: 92918
*NPI:* 1942814181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FUENTES WEST, MARYSOL, MFT**
*Provider Gender:* Female
*License number*: 39962
*NPI:* 1285770941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FUENTES WEST, MARYSOL
815 THIRD AVE STE 107
CHULA VISTA, CA 91911-1308
*Phone:* (619) 422-7216
*Fax:* (619) 426-1906
*After Hours Phone:* (619) 422-7216
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* Yes
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE

CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE

CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE

CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:*

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KELLEY, KIMBERLY L , CSW**
*Provider Gender:* Female
*License number*: 97888
*NPI:* 1326447897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KELLEY, KIMBERLY L , CSW**
*Provider Gender:* Female
*License number*: 97888
*NPI:* 1326447897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KHAN, MAYSUN, CSW**
*Provider Gender:* Female
*License number*: 71910
*NPI:* 1033519632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE

CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KHAN, MAYSUN, CSW**
*Provider Gender:* Female
*License number*: 71910
*NPI:* 1033519632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KRITTMAN, STUART W , PSY**
*Provider Gender:* Male
*License number*: PSY20233
*NPI:* 1174964399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KRITTMAN, STUART W , PSY**
*Provider Gender:* Male
*License number*: PSY20233
*NPI:* 1174964399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
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American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
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**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LLAMAS, SASHA G , CSW**
*Provider Gender:* Female
*License number*: 94249
*NPI:* 1356713739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LLAMAS, SASHA G , CSW**
*Provider Gender:* Female

*License number*: 94249
*NPI:* 1356713739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Accepting New Patients:* Yes
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American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:*

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
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*Gender Restriction:* No Gender Restrictions
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**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:*

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTINEZ, IVONNE B , CSW**
*Provider Gender:* Female
*License number*: 85604
*NPI:* 1225355498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MARTINEZ, IVONNE B , CSW**
*Provider Gender:* Female
*License number*: 85604
*NPI:* 1225355498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

# J. Directorio de proveedores de salud mental

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*Hours:*

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
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**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCGINLEY, NANCY R , MD**
*Provider Gender:* Female
*License number*: A167231
*NPI:* 1649765124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCGINLEY, NANCY R , MD**
*Provider Gender:* Female
*License number*: A167231
*NPI:* 1649765124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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**MEJIA, RITA I , MFT**
*Provider Gender:* Female
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*NPI:* 1952741506
*Provider English Spoken:* Yes
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ PEREZ, MARIA C , CSW**
*Provider Gender:* Female
*License number*: 89151
*NPI:* 1356902795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ PEREZ, MARIA C , CSW**
*Provider Gender:* Female
*License number*: 89151
*NPI:* 1356902795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
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*Gender Restriction:* No Gender Restrictions
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**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLER, DON E , PSY**
*Provider Gender:* Male
*License number*: 3155
*NPI:* 1124068010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
DON MILLER
815 THIRD AVE STE 307
CHULA VISTA, CA 91911-1310
*Phone:* (619) 422-2358
*Fax:*
*After Hours Phone:* (619) 422-2358
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 2PM-9PM, TU,W,F 12PM-9PM, TH 6PM-9PM, SA 12AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE

CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094

*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**NAFICY, MAJID, MD**
*Provider Gender:* Male
*License number*: G70878
*NPI:* 1265564553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
835 THIRD AVE
CHULA VISTA, CA 91911-1352
*Phone:* (619) 427-4661
*Fax:* (619) 426-7849
*After Hours Phone:* (619) 427-4661
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 9AM-8PM, TU,W,F

9AM-5PM, TH 12PM-8PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ORBE, KERIN, MD**
*Provider Gender:* Female
*License number*: 20A17225
*NPI:* 1114256690
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ORBE, KERIN, MD**
*Provider Gender:* Female
*License number*: 20A17225
*NPI:* 1114256690
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PALITZ, JEFF, MFT**
*Provider Gender:* Male
*License number*: 41250
*NPI:* 1801039094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PALITZ, JEFF
2400 FENTON ST STE 205
CHULA VISTA, CA 91914-4556
*Phone:* (619) 271-8886
*Fax:* (619) 414-1277
*After Hours Phone:* (619) 271-8886
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 8AM-5PM, TU,TH 10:30AM-6:30PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**QUIROZ, NORMA, MFT**
*Provider Gender:* Female
*License number*: 50504
*NPI:* 1902945199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RABBAN, DIANA, CSW**
*Provider Gender:* Female
*License number*: 72987
*NPI:* 1033426374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RABBAN, DIANA, CSW**
*Provider Gender:* Female
*License number*: 72987
*NPI:* 1033426374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**REGHABI, NASEEM, PSY**
*Provider Gender:* Female
*License number*: 21940
*NPI:* 1225573421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RENTERIA, SABRINA, MD**
*Provider Gender:* Female
*License number*: A145894
*NPI:* 1285029421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RENTERIA, SABRINA, MD**
*Provider Gender:* Female
*License number*: A145894
*NPI:* 1285029421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SABEN, LAURENCE R , MD**
*Provider Gender:* Male
*License number*: G27446
*NPI:* 1669454898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SABEN, LAURENCE
330 MOSS ST
CHULA VISTA, CA 91911-2005
*Phone:* (619) 440-7831
*Fax:* (619) 440-0540
*After Hours Phone:* (619) 440-7831
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* Yes
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 11AM-6PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SANDERS, MARY, CSW**
*Provider Gender:* Female
*License number*: 68062
*NPI:* 1740529189
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

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251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SHEARED, JORDAN S , CSW**
*Provider Gender:* Female
*License number*: ASW74739
*NPI:* 1699121749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SHEARED, JORDAN S , CSW**
*Provider Gender:* Female
*License number*: ASW74739
*NPI:* 1699121749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SIMONENKO, IOURI I , MD**
*Provider Gender:* Male
*License number*: A147937
*NPI:* 1891956157
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
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*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Website:*
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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251 LANDIS AVE
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www.beaconhealthoptions.com
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WEISER, PENNY H , PSY**
*Provider Gender:* Female
*License number*: PSY16796
*NPI:* 1518180330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
WEISER, PENNY
815 THIRD AVE STE 107
CHULA VISTA, CA 91911-1308
*Phone:* (619) 615-9982
*Fax:* (619) 426-1906
*After Hours Phone:* (619) 615-9982
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TH 10AM-7PM, W 12PM-8PM, F 9AM-3PM

**WIGLE, CHARLES E , MFT**
*Provider Gender:* Male
*License number*: MFC29757
*NPI:* 1407911878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WIGLE, CHARLES E , MFT**
*Provider Gender:* Male
*License number*: MFC29757
*NPI:* 1407911878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YSLA, FRANCIS M , MD**
*Provider Gender:* Male
*License number*: A155712
*NPI:* 1578978854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YSLA, FRANCIS M , MD**
*Provider Gender:* Male
*License number*: A155712
*NPI:* 1578978854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
835 THIRD AVE
CHULA VISTA, CA 91911-1352
*Phone:* (619) 427-4661
*Fax:* (619) 426-7849
*After Hours Phone:* (619) 427-4661
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 9AM-8PM, TU,W,F 9AM-5PM, TH 12PM-8PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
352 L ST
CHULA VISTA, CA 91911-1208
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
251 LANDIS AVE
CHULA VISTA, CA 91910-2628
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
248 LANDIS AVE
CHULA VISTA, CA 91910-2609
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

## DEL MAR

**MOTAGHED, HENGAMEH, PSY**
*Provider Gender:* Female

*License number*: 12707
*NPI:* 1366550592
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
MOTAGHED, HENGAMEH
14034 BOQUITA DR
DEL MAR, CA 92014-2945
*Phone:* (619) 969-6790
*Fax:*
*After Hours Phone:* (619) 969-6790
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

## ENCINITAS

**BROAD RANSON, NICOLA M , CSW**
*Provider Gender:* Female
*License number*: 18469
*NPI:* 1326082165
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French
*Cultural Competency:*
RANSON, NICOLA LCSW
VIRTUAL VISITS ONLY
ENCINITAS, CA 92024
*Phone:* (760) 753-2604
*Fax:*
*After Hours Phone:* (760) 753-2604
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 10AM-5PM

## EL CAJON

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female

*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

# J. Directorio de proveedores de salud mental

**ALAVI, ALI S , MD**
*Provider Gender:* Male
*License number*: A163793
*NPI:* 1356856694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALAVI, ALI S , MD**
*Provider Gender:* Male
*License number*: A163793
*NPI:* 1356856694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALFARO, AMY, CSW**
*Provider Gender:* Female
*License number*: 72874
*NPI:* 1609326859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALFARO, AMY, CSW**
*Provider Gender:* Female
*License number*: 72874
*NPI:* 1609326859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALLEN, JOHN W , MD**
*Provider Gender:* Male
*License number*: C37706
*NPI:* 1659382588
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ALLEN, JOHN
225 W MADISON AVE STE 2
EL CAJON, CA 92020-3454
*Phone:* (619) 631-4505
*Fax:* (619) 713-6290
*After Hours Phone:* (619) 631-4505
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-6PM, TU,TH,F 9AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female

*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARNOLD, REBECCA L , MFT**
*Provider Gender:* Female

*License number*: LMFT95778
*NPI:* 1225580350
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male

*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AVILA, RADOMIR M , CSW**

*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARCELOS ANTONIO, TIAGO,**

**CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female

*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENZL, JERRY F , MD**
*Provider Gender:* Male
*License number*: A154471
*NPI:* 1487032082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENZL, JERRY F , MD**
*Provider Gender:* Male

*License number*: A154471
*NPI:* 1487032082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hindi, Nepali (Individual Language)
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**BHATIA, PRAKASH K , MD**
*Provider Gender:* Male
*License number*: A74848
*NPI:* 1164464137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BHATIA HEALTH SERVICES A MEDICAL CORPORATION
161 E MAIN ST STE 100
EL CAJON, CA 92020-3993
*Phone:* (619) 631-0128
*Fax:* (619) 631-0153
*After Hours Phone:* (619) 631-0128
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-5PM, F 12:30PM-4PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female

*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BRANNEN, MANDY, NPA**
*Provider Gender:* Female
*License number*: 95007286
*NPI:* 1891205159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURNS, PETER B , MD**
*Provider Gender:* Male
*License number*: G145142
*NPI:* 1891727533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUTERBAUGH, KRISTY L ,**

# J. Directorio de proveedores de salud mental

**CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TH 9AM-5PM, TU 9AM-8:30PM, W 9AM-9PM, F 1PM-5PM

**BYRNE, ANDREW L , MFT**
*Provider Gender:* Male
*License number*: 53477
*NPI:* 1912213331
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BYRNE, ANDREW
127 E LEXINGTON AVE
EL CAJON, CA 92020-4511
*Phone:* (619) 573-0682
*Fax:* (619) 328-6591
*After Hours Phone:* (619) 573-0682
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**CANN, RONALD, MD**
*Provider Gender:* Male
*License number*: G83523
*NPI:* 1285941401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
460 N MAGNOLIA AVE STE 110
EL CAJON, CA 92020-3610
*Phone:* (619) 440-5133
*Fax:* (619) 440-8522
*After Hours Phone:* (619) 440-5133
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 9AM-5PM, W 9AM-7PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**CASEY, SHANNON, PSY**
*Provider Gender:* Female
*License number*: PSY31889
*NPI:* 1548873755

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD

HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CLONTS, PAUL A , CSW**
*Provider Gender:* Male
*License number*: 87259
*NPI:* 1467808568
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CRUZ ARAUJO, ANDREA L , MD**
*Provider Gender:* Female
*License number*: A160789
*NPI:* 1124401435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CRUZ ARAUJO, ANDREA L , MD**
*Provider Gender:* Female
*License number*: A160789
*NPI:* 1124401435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DE LA ROSA, LORDES, MFT**
*Provider Gender:* Female
*License number*: 85375
*NPI:* 1821424623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DEBBOLD, ERIC M , MD**
*Provider Gender:* Male
*License number*: 164068
*NPI:* 1144726415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DEBBOLD, ERIC M , MD**
*Provider Gender:* Male
*License number*: 164068
*NPI:* 1144726415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DYLAK, JASMINE C , CSW**
*Provider Gender:* Female
*License number*: 33-0743869
*NPI:* 1659782498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ECKL, CATHERINE, CSW**
*Provider Gender:* U
*License number*: 11004
*NPI:* 1841853322
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-F 8:30AM-5:30PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FIGUERED, BRUCE, PSY**
*Provider Gender:* Male
*License number*: PSY18899
*NPI:* 1326086307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLOWERS, LAURA L , CSW**
*Provider Gender:* Female
*License number*: 74705
*NPI:* 1437648862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLYNN CRUZ, MARY E , CSW**
*Provider Gender:* Female
*License number*: 92918
*NPI:* 1942814181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLYNN CRUZ, MARY E , CSW**
*Provider Gender:* Female
*License number*: 92918
*NPI:* 1942814181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FONSECA, ALIYA, MFT**
*Provider Gender:* Female
*License number*: 47462
*NPI:* 1467763896
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
WAKING UP ON THE TOILET
237 AVOCADO AVE STE 105
EL CAJON, CA 92020-4638
*Phone:* (619) 447-0910
*Fax:*
*After Hours Phone:* (619) 447-0910
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRAGOSO, DOMINIQUE, CSW**
*Provider Gender:* U
*License number*: 12601
*NPI:* 1518521830

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE

EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GANDY, SHARAREH, PSY**
*Provider Gender:* Female
*License number*: PSY28097
*NPI:* 1730310723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**GOMEZ-NARANJO, PATRICIA A , MD**
*Provider Gender:* Female
*License number*: A55544
*NPI:* 1053324541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GRAHAM, DEBRA JEANNE, NPA**
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST

EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HANNA-HADDAD, WEGDAN, PSY**
*Provider Gender:* Female
*License number*: PSY26481
*NPI:* 1457769333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HAYDAR, SUSAN, PSY**
*Provider Gender:* Female
*License number*: PSY24934
*NPI:* 1730452400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:*

NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HECKMAN, KELEY, CSW**
*Provider Gender:* U
*License number*: 68697
*NPI:* 1801948187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KAHLY, BROOKE, CSW**
*Provider Gender:* U
*License number*: 84367
*NPI:* 1649833120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KELLEY, KIMBERLY L , CSW**
*Provider Gender:* Female
*License number*: 97888
*NPI:* 1326447897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KELLEY, KIMBERLY L , CSW**
*Provider Gender:* Female
*License number*: 97888
*NPI:* 1326447897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KHAN, MAYSUN, CSW**
*Provider Gender:* Female
*License number*: 71910
*NPI:* 1033519632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KHAN, MAYSUN, CSW**
*Provider Gender:* Female
*License number*: 71910
*NPI:* 1033519632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KRITTMAN, STUART W , PSY**
*Provider Gender:* Male
*License number*: PSY20233
*NPI:* 1174964399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KRITTMAN, STUART W , PSY**
*Provider Gender:* Male
*License number*: PSY20233
*NPI:* 1174964399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**LLAMAS, SASHA G , CSW**
*Provider Gender:* Female
*License number*: 94249
*NPI:* 1356713739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**LLAMAS, SASHA G , CSW**
*Provider Gender:* Female
*License number*: 94249
*NPI:* 1356713739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD

HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTINEZ, IVONNE B , CSW**
*Provider Gender:* Female
*License number*: 85604
*NPI:* 1225355498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MATIALEU, LEOPOLDINE, MD**
*Provider Gender:* Female
*License number*: A152369
*NPI:* 1255759718
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**MAXWELL, MELISSA K , CSW**
*Provider Gender:* U
*License number*: 90791
*NPI:* 1275182826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**MCGINLEY, NANCY R , MD**
*Provider Gender:* Female
*License number*: A167231
*NPI:* 1649765124
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MENDEZ PEREZ, MARIA C , CSW**
*Provider Gender:* Female
*License number*: 89151
*NPI:* 1356902795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLER, BRIAN P , MD**
*Provider Gender:* Male
*License number*: A68180
*NPI:* 1861411381
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MILLER, BRIAN
1460 E MAIN ST
EL CAJON, CA 92021-8617
*Phone:* (858) 939-4393
*Fax:* (619) 740-4807
*After Hours Phone:* (858) 939-4393
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NARANJO, JORGE, MD**
*Provider Gender:* Male
*License number*: A62504
*NPI:* 1992838684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OGLESBY, MONIQUE M , PSY**
*Provider Gender:* Female
*License number*: PSY26802
*NPI:* 1831240720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OJHA, PRITI, MD**

*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ORBE, KERIN, MD**
*Provider Gender:* Female
*License number*: 20A17225
*NPI:* 1114256690
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OTIS, JOHN L , MD**
*Provider Gender:* Male
*License number*: G28506
*NPI:* 1235154535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OTIS, JOHN
1580 BROADWAY
EL CAJON, CA 92021-5124
*Phone:* (619) 579-8745
*Fax:* (619) 579-1328
*After Hours Phone:* (619) 579-8745
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE

EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRESLEY, ARNOLD S , PSY**
*Provider Gender:* Male
*License number*: 23795
*NPI:* 1205017688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
CONCEPT HEALTHCARE PSYCHOLOGY GROUP
1340 E MADISON AVE

EL CAJON, CA 92021-8501
*Phone:* (866) 284-0478
*Fax:* (888) 977-1204
*After Hours Phone:* (866) 284-0478
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**QUIROZ, NORMA, MFT**
*Provider Gender:* Female
*License number*: 50504
*NPI:* 1902945199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RABBAN, DIANA, CSW**
*Provider Gender:* Female
*License number*: 72987
*NPI:* 1033426374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RATNIEWSKI, JANET, PSY**
*Provider Gender:* Female
*License number*: PSY26406
*NPI:* 1245649599
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT

133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RENTERIA, SABRINA, MD**
*Provider Gender:* Female
*License number*: A145894
*NPI:* 1285029421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RENTERIA, SABRINA, MD**
*Provider Gender:* Female
*License number*: A145894
*NPI:* 1285029421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**SABEN, LAURENCE R , MD**
*Provider Gender:* Male
*License number*: G27446
*NPI:* 1669454898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SABEN, LAURENCE
615 E LEXINGTON AVE
EL CAJON, CA 92020-4617
*Phone:* (619) 440-7831
*Fax:* (619) 440-0540
*After Hours Phone:* (619) 440-7831
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7AM-6PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SCHEUBER, TIMOTHY, PSY**
*Provider Gender:* Male
*License number*: PSY26681
*NPI:* 1083017396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
133 W MAIN ST
EL CAJON, CA 92020-3315
*Phone:* (619) 401-0404
*Fax:* (619) 401-0522
*After Hours Phone:* (619) 401-0404
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Mandarin, Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SHEARED, JORDAN S , CSW**
*Provider Gender:* Female
*License number*: ASW74739
*NPI:* 1699121749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SHEARED, JORDAN S , CSW**
*Provider Gender:* Female
*License number*: ASW74739
*NPI:* 1699121749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SPAHR, CHRISTIE C , MFT**
*Provider Gender:* Female
*License number*: 51792
*NPI:* 1295085736
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STA ROMANA, JOSEFINA, MD**
*Provider Gender:* Female
*License number*: C52364
*NPI:* 1003972175
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
460 N MAGNOLIA AVE STE 110
EL CAJON, CA 92020-3610
*Phone:* (619) 440-5133
*Fax:* (619) 440-8522
*After Hours Phone:* (619) 440-5133
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 9AM-5PM, W 9AM-7PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

# J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**TRIANA, JENNIFER, CSW**

*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# J. Directorio de proveedores de salud mental

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WESH, MADELINE, PSY**
*Provider Gender:* Female

*License number*: 31736
*NPI:* 1285864918
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
215 W MADISON AVE
EL CAJON, CA 92020-3405
*Phone:* (619) 401-6236
*Fax:* (619) 667-6036
*After Hours Phone:* (619) 401-6236
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W,F 4PM-7PM

**WIGLE, CHARLES E , MFT**
*Provider Gender:* Male
*License number*: MFC29757
*NPI:* 1407911878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WIGLE, CHARLES E , MFT**
*Provider Gender:* Male
*License number*: MFC29757
*NPI:* 1407911878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE
EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**WILSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: 94855
*NPI:* 1033576400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
680 FLETCHER PKWY STE 200
EL CAJON, CA 92020-2500
*Phone:* (619) 515-2338
*Fax:* (619) 269-0598
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5:30PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
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*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
855 E MADISON AVE

EL CAJON, CA 92020-3819
*Phone:* (619) 440-2751
*Fax:*
*After Hours Phone:* (619) 440-2751
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**YSLA, FRANCIS M , MD**
*Provider Gender:* Male
*License number*: A155712
*NPI:* 1578978854
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
525 E MAIN ST

EL CAJON, CA 92020-4007
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1111 W CHASE AVE
EL CAJON, CA 92020-5710
*Phone:* (619) 515-2499
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2499
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

## ENCINITAS

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUCKLEY, LISA J , PSY**
*Provider Gender:* Female
*License number*: 15155
*NPI:* 1699873976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BUCKLEY, LISA
1991 VILLAGE PARK WAY STE 202B
ENCINITAS, CA 92024-1967
*Phone:* (760) 943-1226
*Fax:* (760) 634-7961
*After Hours Phone:* (760) 943-1226
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,TH,F 8AM-5PM, W 8AM-7PM

**BURCIAGA, HENRY, MFT**
*Provider Gender:* Male
*License number*: MFT19940
*NPI:* 1487785705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008

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*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALEZ, JOSE, CSW**
*Provider Gender:* Male
*License number*: 80920
*NPI:* 1689844847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**REBELO, MARCIA A , CSW**
*Provider Gender:* Female
*License number*: 65679
*NPI:* 1649720566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
REBELO, MARCIA
187 CALLE MAGDALENA STE 212
ENCINITAS, CA 92024-3709
*Phone:* (760) 846-1284
*Fax:* (760) 634-5397
*After Hours Phone:* (760) 846-1284
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**RESNICK, CECILY A , PSY**
*Provider Gender:* Female
*License number*: 16956
*NPI:* 1023122579
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
RESNICK, CECILY
535 ENCINITAS BLVD STE 110
ENCINITAS, CA 92024-3742
*Phone:* (760) 445-3737
*Fax:*
*After Hours Phone:* (760) 445-3737
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU 9AM-6PM

**RIVERA, DEA R , MFT**
*Provider Gender:* Female
*License number*: 39066
*NPI:* 1992967533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
RIVERA, DEA
826 2ND ST
ENCINITAS, CA 92024-4408
*Phone:* (760) 334-3077
*Fax:*
*After Hours Phone:* (760) 334-3077
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 12PM-8PM, TU 8AM-8PM, SA 8AM-4PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VETTER, JEAN L , CSW**
*Provider Gender:* Female
*License number*: 93945
*NPI:* 1659898641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
1130 2ND ST
ENCINITAS, CA 92024-5008
*Phone:* (760) 736-6767
*Fax:*
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## ESCONDIDO

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD

HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
255 N ASH ST
ESCONDIDO, CA 92027-3068

*Phone:* (619) 445-6200
*Fax:* (619) 745-7847
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:* NEIGHBORHOOD

HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE

426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002

*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CASTILLO, TIFFANY A , MD**
*Provider Gender:* Female
*License number*: A158480
*NPI:* 1114459252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No

*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAFFEE, CHRISTI E , MFT**
*Provider Gender:* Female
*License number*: 28950
*NPI:* 1881641983
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CHAFFEE, CHRISTI
327 S IVY ST
ESCONDIDO, CA 92025-4337
*Phone:* (760) 791-7922
*Fax:* (760) 294-2151
*After Hours Phone:* (760) 791-7922
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 12PM-3:30PM, TU 8AM-8PM, W 2PM-8PM, TH 8AM-4PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

# J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CLARK-JEFFERIES, TAKENYA C , CSW**

*Provider Gender:* Female
*License number*: 62241
*NPI:* 1205087657
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379

*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CRUZ, GUADALUPE, CSW**
*Provider Gender:* Male
*License number*: 83597
*NPI:* 1649727942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DANIEL, BELINDA, MD**
*Provider Gender:* Female
*License number*: A158183
*NPI:* 1760913446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FERTIG, PATRICIA A , MD**
*Provider Gender:* Female
*License number*: 20A14928
*NPI:* 1457642803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
255 N ASH ST
ESCONDIDO, CA 92027-3068
*Phone:* (619) 445-6200
*Fax:* (619) 745-7847
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GANDY, SHARAREH, PSY**
*Provider Gender:* Female
*License number*: PSY28097
*NPI:* 1730310723
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:* (858) 634-6918
*After Hours Phone:* (760) 871-0606
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Kiswahili, Swahili (Individual Language)
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

# J. Directorio de proveedores de salud mental

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# J. Directorio de proveedores de salud mental

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**HAMISI, KHADIJA H , NPA**
*Provider Gender:* Female
*License number*: 20560
*NPI:* 1225360498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Kiswahili, Swahili (Individual Language)
*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:* (858) 634-6918
*After Hours Phone:* (760) 871-0606
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Kiswahili, Swahili (Individual Language)
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**HORSLEY, DEBRA L , CSW**
*Provider Gender:* Female
*License number*: 15974
*NPI:* 1205849825
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
HORSLEY, DEBRA
332 S JUNIPER ST STE 203B
ESCONDIDO, CA 92025-4942
*Phone:* (760) 233-7730
*Fax:* (760) 233-7730
*After Hours Phone:* (760) 233-7730
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-7PM, SA 8AM-3PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052

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*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LONGACRE, BRETT, NPA**
*Provider Gender:* Male
*License number*: 95003600
*NPI:* 1295089332
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LONGACRE, BRETT, NPA**
*Provider Gender:* Male
*License number*: 95003600
*NPI:* 1295089332
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887

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*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
255 N ASH ST
ESCONDIDO, CA 92027-3068
*Phone:* (619) 445-6200
*Fax:* (619) 745-7847
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTINEZ, NORAYMA, CSW**
*Provider Gender:* Female
*License number*: 100019
*NPI:* 1669808267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NAVA-HERBERGER, ALEJANDRA, NPA**
*Provider Gender:* Female
*License number*: 555127
*NPI:* 1093138422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NIAKAMAL, EVAN, NPA**
*Provider Gender:* Male
*License number*: 58707
*NPI:* 1639796873
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OSHRIN, HARVEY, MD**
*Provider Gender:* Male
*License number*: G7257
*NPI:* 1952326324
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**POPOCA LOGUE, ANA J , NPA**
*Provider Gender:* Female
*License number*: 12900
*NPI:* 1437262219
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female

*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE,**

# J. Directorio de proveedores de salud mental

**ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RATNIEWSKI, JANET, PSY**
*Provider Gender:* Female
*License number*: PSY26406
*NPI:* 1245649599
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT
1121 E WASHINGTON AVE
ESCONDIDO, CA 92025-2214
*Phone:* (760) 871-0606
*Fax:* (858) 634-6918
*After Hours Phone:* (760) 871-0606
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Kiswahili, Swahili (Individual Language)
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**RINGEL, BRENDA L , MD**
*Provider Gender:* Female
*License number*: A65800
*NPI:* 1689869976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
EXODUS RECOVERY, INC.
1520 S ESCONDIDO BLVD
ESCONDIDO, CA 92025-6017
*Phone:* (760) 870-2020
*Fax:* (760) 489-1321
*After Hours Phone:* (760) 870-2020
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-4:30PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379

*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SCHEUBER, TIMOTHY, PSY**
*Provider Gender:* Male
*License number*: PSY26681
*NPI:* 1083017396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STANIGAR, JUDITH, CSW**
*Provider Gender:* Female
*License number*: 25701
*NPI:* 1255501870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hebrew
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1002 E GRAND AVE
ESCONDIDO, CA 92025-4605
*Phone:* (760) 741-2660
*Fax:* (760) 741-2647
*After Hours Phone:* (760) 741-2660
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hebrew
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female

*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE

426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD

HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD

HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
1001 E GRAND AVE
ESCONDIDO, CA 92025-4604
*Phone:* (760) 520-8200
*Fax:* (858) 633-4695
*After Hours Phone:* (760) 520-8200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
255 N ASH ST
ESCONDIDO, CA 92027-3068
*Phone:* (619) 445-6200
*Fax:* (619) 745-7847
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
488 E VALLEY PKWY STE 404
ESCONDIDO, CA 92025-3379
*Phone:* (760) 466-9800
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 466-9800
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
550 W WASHINGTON AVE
ESCONDIDO, CA 92025-1643
*Phone:* (760) 466-8600
*Fax:*
*After Hours Phone:* (760) 466-8600

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
460 N ELM ST
ESCONDIDO, CA 92025-3002
*Phone:* (760) 520-8100
*Fax:* (858) 633-4691
*After Hours Phone:* (760) 520-8100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
728 E VALLEY PKWY
ESCONDIDO, CA 92025-3052
*Phone:* (760) 737-6900
*Fax:* (858) 633-4694
*After Hours Phone:* (760) 737-6900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
426 N DATE ST
ESCONDIDO, CA 92025-3409
*Phone:* (760) 690-5900
*Fax:*
*After Hours Phone:* (760) 690-5900
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
425 N DATE ST
ESCONDIDO, CA 92025-3413
*Phone:* (760) 520-8330
*Fax:*
*After Hours Phone:* (760) 520-8330
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## IMPERIAL BEACH

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GONZALEZ, CLAUDIA, CSW**
*Provider Gender:* Female
*License number*: 100328
*NPI:* 1770055543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
IMPERIAL BEACH HEALTH CENTER
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 575-7972
*After Hours Phone:* (619) 429-3733
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NGUYEN, MAILY, NPA**
*Provider Gender:* Female
*License number*: 95000861
*NPI:* 1255732160
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
IMPERIAL BEACH HEALTH CENTER
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 575-7972
*After Hours Phone:* (619) 429-3733
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ROEHR, ARTHUR, NPA**
*Provider Gender:* Male
*License number*: 95012079

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*NPI:* 1851946016
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
IMPERIAL BEACH HEALTH CENTER
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 575-7972
*After Hours Phone:* (619) 429-3733
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SOLTANI, MARYAM, MD**
*Provider Gender:* Female
*License number*: A139075
*NPI:* 1518372267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
IMPERIAL BEACH HEALTH CENTER
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 575-7972
*After Hours Phone:* (619) 429-3733
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
742 10TH ST
IMPERIAL BEACH, CA 91932-2216
*Phone:* (619) 906-5322
*Fax:* (619) 271-4963
*After Hours Phone:* (619) 906-5322
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ZUREK, BEDEANIA R , CSW**
*Provider Gender:* Female
*License number*: LCSW74215
*NPI:* 1942375811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
IMPERIAL BEACH HEALTH CENTER
949 PALM AVE
IMPERIAL BEACH, CA 91932-1503
*Phone:* (619) 429-3733
*Fax:* (619) 575-7972
*After Hours Phone:* (619) 429-3733
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

## LA JOLLA

**HINTZ, SONYA D , MD**
*Provider Gender:* Female
*License number*: G58561
*NPI:* 1790774446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
HINTZ, SONYA
3252 HOLIDAY CT STE 100
LA JOLLA, CA 92037-1807
*Phone:* (858) 455-6511
*Fax:* (858) 455-5747
*After Hours Phone:* (858) 455-6511
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7AM-7PM, F 9AM-6PM

**OTIS, JOHN L , MD**
*Provider Gender:* Male
*License number*: G28506
*NPI:* 1235154535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OTIS, JOHN

8950 VILLA LA JOLLA DR STE A215
LA JOLLA, CA 92037-1711
*Phone:* (858) 457-2180
*Fax:* (858) 457-2194
*After Hours Phone:* (858) 457-2180
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH 2:30PM-5:30PM

## LA MESA

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312

LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ANDERSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: LCSW28443
*NPI:* 1679766380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ATALLAH, HANI M , MD**
*Provider Gender:* Male
*License number*: 132530
*NPI:* 1104169655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CARILLO, KRYSTAL I , CSW**
*Provider Gender:* Female
*License number*: 80068
*NPI:* 1871906735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312

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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**COMBS, LAURI, CSW**
*Provider Gender:* Female
*License number*: LCSW75330
*NPI:* 1538398979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GRACE, MONIKA M , PSY**
*Provider Gender:* Female
*License number*: 24462
*NPI:* 1497985832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Modern Greek, French, Portuguese, Spanish
*Cultural Competency:* GRACE COUNSELING AND PSYCHOTHERAPY

5575 LAKE PARK WAY STE 100-6
LA MESA, CA 91942-1664
*Phone:* (619) 381-8472
*Fax:*
*After Hours Phone:* (619) 381-8472
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Modern Greek, French, Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SU 8AM-8PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HARADON, SUSAN, PSY**
*Provider Gender:* Female
*License number*: 6075
*NPI:* 1841289246
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
HARADON, SUSAN
4700 SPRING ST STE 306
LA MESA, CA 91942-2294
*Phone:* (619) 462-1611
*Fax:* (619) 460-8093
*After Hours Phone:* (619) 462-1611
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 9AM-7PM, F 9AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JENSEN, DEXTER, MD**
*Provider Gender:* Male
*License number*: A67960
*NPI:* 1740465541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JOSHI, YASH, MD**
*Provider Gender:* Male
*License number*: A147156
*NPI:* 1598151433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
YASH JOSHI
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-6000
*Fax:*
*After Hours Phone:* (619) 740-6000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
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*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MERRILL, SARAH M , CSW**

*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MILLER, BRIAN P , MD**
*Provider Gender:* Male
*License number*: A68180
*NPI:* 1861411381
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MILLER, BRIAN
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 939-4393
*Fax:* (619) 740-5055
*After Hours Phone:* (858) 939-4393
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MOYER, TRENTON E , MD**
*Provider Gender:* Male
*License number*: A78165
*NPI:* 1437180791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOYER, TRENTON
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (619) 740-4800
*Fax:*
*After Hours Phone:* (619) 740-4800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MUNOZ, VIVIANA, CSW**
*Provider Gender:* Female
*License number*: 66637
*NPI:* 1497987713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Fax:* (619) 269-0883
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OTIS, JOHN L , MD**
*Provider Gender:* Male
*License number*: G28506
*NPI:* 1235154535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OTIS, JOHN
5555 GROSSMONT CENTER DR
LA MESA, CA 91942-3019
*Phone:* (858) 457-2180
*Fax:*
*After Hours Phone:* (858) 457-2180
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

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*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

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*After Hours Phone:* (619) 515-2383
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
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*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**VILLAFANA, JOSE E , MFT**
*Provider Gender:* Male
*License number*: 36841
*NPI:* 1831228824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VILLAFANA, JOSE
8080 LA MESA BLVD STE 204
LA MESA, CA 91942-0362
*Phone:* (619) 540-0700
*Fax:* (619) 462-1856
*After Hours Phone:* (619) 540-0700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
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*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050

*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**YODER, BRENT E , CSW**
*Provider Gender:* Male
*License number*: 9305
*NPI:* 1831184639
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
YODER, BRENT
8432 LEMON AVE
LA MESA, CA 91941-5310
*Phone:* (619) 447-7917
*Fax:* (619) 447-7917
*After Hours Phone:* (619) 447-7917
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 12PM-8PM, F 8AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8851 CENTER DR STE 312
LA MESA, CA 91942-3050
*Phone:* (619) 515-2383
*Fax:* (619) 269-0883
*After Hours Phone:* (619) 515-2383
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

## LAKESIDE

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
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*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language),

Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
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*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**
*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**METZLER, CINDEA J , MFT**
*Provider Gender:* Female
*License number*: LMFT38808
*NPI:* 1487690483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CINDEA J METZLER, LMFT
10653 PALM ROW DR
LAKESIDE, CA 92040-1638
*Phone:* (858) 254-6590
*Fax:*
*After Hours Phone:* (858) 254-6590
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU 7PM-8PM

**MILLER BRUNETTO, HEIDI, PSY**
*Provider Gender:* Female
*License number*: PSY26809
*NPI:* 1023250453
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**

*Provider Gender:* Male
*License number*: A87906
*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE

10039 VINE ST
LAKESIDE, CA 92040-3120
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*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
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*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
10039 VINE ST
LAKESIDE, CA 92040-3120
*Phone:* (619) 390-9975
*Fax:* (858) 633-4690
*After Hours Phone:* (619) 390-9975
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## LEMON GROVE

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA 91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Site English Spoken:* Yes
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# J. Directorio de proveedores de salud mental

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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7592 BROADWAY
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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7592 BROADWAY
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604

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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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91945-1604
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
*Phone:* (619) 515-2338
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
91945-1604
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
LEMON GROVE, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
7592 BROADWAY
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

## NATIONAL CITY

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**BAHENA, SANDRA, PSY**
*Provider Gender:* Female
*License number*: 29792
*NPI:* 1073742268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518

*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**BARI, MOHAMMED A , MD**
*Provider Gender:* Male
*License number*: A46396
*NPI:* 1679588370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
1908 SWEETWATER RD
NATIONAL CITY, CA
91950-7628
*Phone:* (619) 327-0146
*Fax:* (619) 327-0150
*After Hours Phone:* (619) 327-0146
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Panjabi, Punjabi
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**BARI, MOHAMMED A , MD**
*Provider Gender:* Male
*License number*: A46396
*NPI:* 1679588370
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
610 EUCLID AVE STE 200
NATIONAL CITY, CA
91950-2951
*Phone:* (619) 267-9257
*Fax:* (619) 267-9273
*After Hours Phone:* (619) 267-9257
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BHATIA, PRAKASH K , MD**
*Provider Gender:* Male
*License number*: A74848
*NPI:* 1164464137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
1908 SWEETWATER RD
NATIONAL CITY, CA
91950-7628
*Phone:* (619) 327-0146
*Fax:* (619) 327-0150
*After Hours Phone:* (619) 327-0146
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Panjabi, Punjabi
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**BHATIA, PRAKASH K , MD**
*Provider Gender:* Male
*License number*: A74848
*NPI:* 1164464137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BHATIA HEALTH SERVICES A MEDICAL CORPORATION
2345 E 8TH ST STE 111
NATIONAL CITY, CA 91950-2861
*Phone:* (619) 267-9108
*Fax:* (619) 267-9273
*After Hours Phone:* (619) 267-9108
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BHATIA, PRAKASH K , MD**
*Provider Gender:* Male
*License number*: A74848
*NPI:* 1164464137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
610 EUCLID AVE STE 200
NATIONAL CITY, CA 91950-2951
*Phone:* (619) 267-9257
*Fax:* (619) 267-9273
*After Hours Phone:* (619) 267-9257
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BINDAL, ANKUR, MD**
*Provider Gender:* Male
*License number*: A132533
*NPI:* 1588820880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hindi, Panjabi, Punjabi
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
1908 SWEETWATER RD
NATIONAL CITY, CA 91950-7628
*Phone:* (619) 327-0146
*Fax:* (619) 327-0150
*After Hours Phone:* (619) 327-0146
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Panjabi, Punjabi
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARBONELL, SONIA, PSY**
*Provider Gender:* Female
*License number*: 19752
*NPI:* 1902976343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA 91950-7410
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
YASHWANT CHAUDRI MD A PROF CORP
3035 E 8TH ST
NATIONAL CITY, CA 91950-3026
*Phone:* (619) 596-9890
*Fax:* (619) 596-9893
*After Hours Phone:* (619) 596-9890
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TH 8AM-4PM

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CUELLAR, BETHANY, MFT**
*Provider Gender:* Female
*License number*: 79616
*NPI:* 1720388374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOLNAK, DOUGLAS R , MD**
*Provider Gender:* Male
*License number*: 20A6059
*NPI:* 1316147085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
502 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2995
*Phone:* (619) 327-0146
*Fax:* (619) 327-0150
*After Hours Phone:* (619) 327-0146
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GRAHAM, DEBRA JEANNE, NPA**
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**HODGE, ROGER G , PSY**
*Provider Gender:* Male
*License number*: 26148
*NPI:* 1306096714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KUGEL, SAMUEL, MD**
*Provider Gender:* Male
*License number*: A54412
*NPI:* 1497813968
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
KUGEL, SAMUEL
502 EUCLID AVE STE 305
NATIONAL CITY, CA
91950-8901
*Phone:* (619) 472-2600
*Fax:* (619) 472-5700
*After Hours Phone:* (619) 472-2600
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5:30PM, SA 8AM-1:30PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish

*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAPLES, RANDI C , PSY**
*Provider Gender:* Female
*License number*: 22630
*NPI:* 1023037561
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
610 EUCLID AVE STE 200
NATIONAL CITY, CA
91950-2951
*Phone:* (619) 267-9257
*Fax:* (619) 267-9273
*After Hours Phone:* (619) 267-9257
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**MIRANDA, CYNTHIA, PSY**
*Provider Gender:* Female
*License number*: 21188
*NPI:* 1023186970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**NIDAY, TAKESHIA C , MD**
*Provider Gender:* Female
*License number*: A113548
*NPI:* 1932429289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
TAKESHIA NIDAY
2345 E 8TH ST STE 111
NATIONAL CITY, CA 91950-2861
*Phone:* (619) 267-9257
*Fax:*
*After Hours Phone:* (619) 267-9257
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**REID, EMILY, NPA**
*Provider Gender:* Female
*License number*: 95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SALGUERO GALLAND, MARIO L , MD**
*Provider Gender:* Male
*License number*: A122101
*NPI:* 1487947826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SWEENEY, ZSA ZSA, NPA**
*Provider Gender:* Female
*License number*: 95007730
*NPI:* 1003159344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TUCKER, MEGAN, PSY**
*Provider Gender:* Female
*License number*: 27333
*NPI:* 1861877516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
217 HIGHLAND AVE
NATIONAL CITY, CA 91950-1518
*Phone:* (619) 434-7308
*Fax:* (619) 434-7308
*After Hours Phone:* (619) 434-7308
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1000 EUCLID AVE
NATIONAL CITY, CA 91950-3856
*Phone:* (619) 515-2399
*Fax:* (619) 269-0199
*After Hours Phone:* (619) 515-2399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Portuguese, Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

## OCEANSIDE

**ACOSTA, AZUCENA, CSW**
*Provider Gender:* Female
*License number*: 98304
*NPI:* 1255937496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ACOSTA, AZUCENA, CSW**
*Provider Gender:* Female
*License number*: 98304
*NPI:* 1255937496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC

517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ACOSTA, AZUCENA, CSW**
*Provider Gender:* Female
*License number*: 98304
*NPI:* 1255937496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-4:30PM

**BRAILOW, ANTHONY G , PSY**
*Provider Gender:* Male
*License number*: 12521
*NPI:* 1154356608
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BRAILOW, ANTHONY
2181 S EL CAMINO REAL STE 101
OCEANSIDE, CA 92054-6267
*Phone:* (760) 622-9662
*Fax:* (760) 650-7363
*After Hours Phone:* (760) 622-9662
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU-SA 9:30AM-7:30PM

**BURCIAGA, HENRY, MFT**
*Provider Gender:* Male
*License number*: MFT19940
*NPI:* 1487785705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**BURCIAGA, HENRY, MFT**
*Provider Gender:* Male
*License number*: MFT19940
*NPI:* 1487785705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURCIAGA, HENRY, MFT**
*Provider Gender:* Male
*License number*: MFT19940
*NPI:* 1487785705
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
YASHWANT CHAUDRI MD A PROF CORP
520 N COAST HWY STE 103
OCEANSIDE, CA 92054-2184
*Phone:* (619) 596-9890
*Fax:* (619) 596-9893
*After Hours Phone:* (619) 596-9890
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TH 8AM-4PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CHRISTIANSON II, WARREN R , MD**
*Provider Gender:* Male
*License number*: 20A9664
*NPI:* 1932359445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHRISTIANSON II, WARREN R , MD**
*Provider Gender:* Male
*License number*: 20A9664
*NPI:* 1932359445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHRISTIANSON II, WARREN R , MD**
*Provider Gender:* Male
*License number*: 20A9664
*NPI:* 1932359445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**COOK, SHERYL G , PSY**
*Provider Gender:* Female
*License number*: 15449
*NPI:* 1750420816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**CRUZ, VANESSA, CSW**
*Provider Gender:* Female
*License number*: 87166
*NPI:* 1285170662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CRUZ, VANESSA, CSW**
*Provider Gender:* Female
*License number*: 87166
*NPI:* 1285170662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CRUZ, VANESSA, CSW**
*Provider Gender:* Female
*License number*: 87166
*NPI:* 1285170662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**
*Provider Gender:* Female
*License number*: 55982
*NPI:* 1437162898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**
*Provider Gender:* Female
*License number*: 55982
*NPI:* 1437162898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**
*Provider Gender:* Female
*License number*: 55982
*NPI:* 1437162898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DESOCIO, KAREN, CSW**
*Provider Gender:* Female
*License number*: 18451
*NPI:* 1497727820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DESOCIO, KAREN, CSW**
*Provider Gender:* Female
*License number*: 18451
*NPI:* 1497727820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DESOCIO, KAREN, CSW**
*Provider Gender:* Female
*License number*: 18451
*NPI:* 1497727820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DOUGHERTY, CHRISTINE, CSW**
*Provider Gender:* Female
*License number*: 26686
*NPI:* 1003194960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DOUGHERTY, CHRISTINE, CSW**
*Provider Gender:* Female
*License number*: 26686
*NPI:* 1003194960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DOUGHERTY, CHRISTINE, CSW**
*Provider Gender:* Female
*License number*: 26686
*NPI:* 1003194960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**GARCIA, JANET A , CSW**
*Provider Gender:* Female
*License number*: 91462
*NPI:* 1790144756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2131 S EL CAMINO REAL STE 102
OCEANSIDE, CA 92054-6217
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**GODINEZ, BRENDA, CSW**
*Provider Gender:* Female
*License number*: 88306
*NPI:* 1568918647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GODINEZ, BRENDA, CSW**
*Provider Gender:* Female
*License number*: 88306
*NPI:* 1568918647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GODINEZ, BRENDA, CSW**
*Provider Gender:* Female
*License number*: 88306
*NPI:* 1568918647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GONZALEZ, JOSE, CSW**
*Provider Gender:* Male
*License number*: 80920
*NPI:* 1689844847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**GONZALEZ, JOSE, CSW**
*Provider Gender:* Male
*License number*: 80920
*NPI:* 1689844847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**GONZALEZ, JOSE, CSW**
*Provider Gender:* Male
*License number*: 80920
*NPI:* 1689844847
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**HARDIN INGRAM, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 28677
*NPI:* 1801947692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
2131 S EL CAMINO REAL STE 102
OCEANSIDE, CA 92054-6217
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**ISACESCU, VALENTIN, MD**
*Provider Gender:* Male
*License number*: A68103
*NPI:* 1972602720
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Romanian
*Cultural Competency:* No
ISACESCU, VALENTIN
2122 S EL CAMINO REAL STE 100
OCEANSIDE, CA 92054-6209
*Phone:* (760) 726-6464
*Fax:* (760) 726-6483
*After Hours Phone:* (760) 726-6464
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French, Romanian
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 11AM-4PM

**JAGANNATH, NIRMALA, CSW**
*Provider Gender:* Female
*License number*: 23183
*NPI:* 1639687726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil, Telugu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F

8AM-5PM

**JAGANNATH, NIRMALA, CSW**
*Provider Gender:* Female
*License number*: 23183
*NPI:* 1639687726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil, Telugu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**JAGANNATH, NIRMALA, CSW**
*Provider Gender:* Female
*License number*: 23183
*NPI:* 1639687726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil, Telugu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male

*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**KISTLER, JONATHAN, MD**
*Provider Gender:* Male
*License number*: A73938
*NPI:* 1033161740
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1738 S TREMONT ST
OCEANSIDE, CA 92054-5309
*Phone:* (760) 439-2800
*Fax:* (760) 433-5031
*After Hours Phone:* (760) 439-2800
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**KONG, DARREN, CSW**
*Provider Gender:* Male
*License number*: 88493
*NPI:* 1447685078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Khmer
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**KONG, DARREN, CSW**
*Provider Gender:* Male
*License number*: 88493
*NPI:* 1447685078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Khmer
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**KONG, DARREN, CSW**
*Provider Gender:* Male
*License number*: 88493
*NPI:* 1447685078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Khmer
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701

*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEYERHOF, GRETA, MFT**
*Provider Gender:* Female
*License number*: 32299
*NPI:* 1487196333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**MEYERHOF, GRETA, MFT**
*Provider Gender:* Female
*License number*: 32299
*NPI:* 1487196333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**MEYERHOF, GRETA, MFT**
*Provider Gender:* Female
*License number*: 32299
*NPI:* 1487196333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**NAVA, PETER B , NPA**
*Provider Gender:* Male
*License number*: 95016584
*NPI:* 1689251571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NAVA, PETER B , NPA**
*Provider Gender:* Male
*License number*: 95016584
*NPI:* 1689251571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NAVA, PETER B , NPA**
*Provider Gender:* Male
*License number*: 95016584
*NPI:* 1689251571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NEVILLE, MARGARET, CSW**
*Provider Gender:* Female
*License number*: 82407
*NPI:* 1073682407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NEVILLE, MARGARET, CSW**
*Provider Gender:* Female
*License number*: 82407
*NPI:* 1073682407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NEVILLE, MARGARET, CSW**
*Provider Gender:* Female
*License number*: 82407
*NPI:* 1073682407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SANCHEZ, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 97093
*NPI:* 1609450451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SANCHEZ, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 97093
*NPI:* 1609450451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,

Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SANCHEZ, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 97093
*NPI:* 1609450451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SMITH, SONYA L , CSW**
*Provider Gender:* Female
*License number*: 82598
*NPI:* 1902070857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SMITH, SONYA L , CSW**
*Provider Gender:* Female
*License number*: 82598
*NPI:* 1902070857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SMITH, SONYA L , CSW**
*Provider Gender:* Female
*License number*: 82598
*NPI:* 1902070857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SUNDER, RAJAGOPAL K , MD**
*Provider Gender:* Male
*License number*: 94223
*NPI:* 1972572824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hindi
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC

2131 S EL CAMINO REAL STE 102
OCEANSIDE, CA 92054-6217
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**SWENSON, ING E , CSW**
*Provider Gender:* Male
*License number*: 28549
*NPI:* 1063680650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SWENSON, ING E , CSW**
*Provider Gender:* Male
*License number*: 28549
*NPI:* 1063680650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SWENSON, ING E , CSW**
*Provider Gender:* Male
*License number*: 28549
*NPI:* 1063680650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415

*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**TOUSI, SARA, CSW**
*Provider Gender:* Female
*License number*: 89177
*NPI:* 1508427899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**TOUSI, SARA, CSW**
*Provider Gender:* Female
*License number*: 89177
*NPI:* 1508427899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**TOUSI, SARA, CSW**
*Provider Gender:* Female
*License number*: 89177
*NPI:* 1508427899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**VETTER, JEAN L , CSW**
*Provider Gender:* Female
*License number*: 93945
*NPI:* 1659898641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**VETTER, JEAN L , CSW**
*Provider Gender:* Female
*License number*: 93945
*NPI:* 1659898641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**VETTER, JEAN L , CSW**
*Provider Gender:* Female
*License number*: 93945
*NPI:* 1659898641
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
605 CROUCH ST
OCEANSIDE, CA 92054-4415
*Phone:* (760) 736-6767
*Fax:* (760) 757-3004
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
2210 MESA DR STE 300
OCEANSIDE, CA 92054-3701
*Phone:* (760) 966-3306
*Fax:* (760) 966-3340
*After Hours Phone:* (760) 966-3306
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
619 CROUCH ST STE 100
OCEANSIDE, CA 92054-4460
*Phone:* (760) 736-6767
*Fax:* (760) 566-1501
*After Hours Phone:* (760) 736-6767
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 7:30AM-6:30PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
3220 MISSION AVE STE 1
OCEANSIDE, CA 92058-1354
*Phone:* (760) 736-6767
*Fax:* (760) 471-8946
*After Hours Phone:* (760) 736-6767

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILFONG, EDWARD J , PSY**
*Provider Gender:* Male
*License number*: 9970
*NPI:* 1215386248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILFONG, EDWARD J , PSY**
*Provider Gender:* Male
*License number*: 9970
*NPI:* 1215386248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILSON, CARLENE, CSW**
*Provider Gender:* Female
*License number*: 74685
*NPI:* 1508327081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILSON, CARLENE, CSW**
*Provider Gender:* Female
*License number*: 74685
*NPI:* 1508327081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILSON, CARLENE, CSW**
*Provider Gender:* Female
*License number*: 74685
*NPI:* 1508327081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ZAPPONE, ALIDA, CSW**
*Provider Gender:* Female
*License number*: 26061
*NPI:* 1154705598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
818 PIER VIEW WAY
OCEANSIDE, CA 92054-2803
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ZAPPONE, ALIDA, CSW**
*Provider Gender:* Female
*License number*: 26061
*NPI:* 1154705598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
517 N HORNE ST
OCEANSIDE, CA 92054-2518
*Phone:* (760) 631-5009
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5009
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ZAPPONE, ALIDA, CSW**
*Provider Gender:* Female
*License number*: 26061
*NPI:* 1154705598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
4700 N RIVER RD
OCEANSIDE, CA 92057-6043
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

## POWAY

**ANDERSEN, CLAIRE, MD**
*Provider Gender:* Female
*License number*: 125942
*NPI:* 1831418664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**
*Provider Gender:* Female
*License number*: LCSW69175
*NPI:* 1760867824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**
*Provider Gender:* Female
*License number*: 31625
*NPI:* 1497081566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**
*Provider Gender:* Female
*License number*: 29757
*NPI:* 1134364698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**
*Provider Gender:* Female
*License number*: PSY14310
*NPI:* 1891720611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CELAYA, MARY, NPA**
*Provider Gender:* Female
*License number*: 11425
*NPI:* 1710060231
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAO, BRIAN, PSY**
*Provider Gender:* Male
*License number*: 28796
*NPI:* 1114196987
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CORVINI, NICOLAS, NPA**
*Provider Gender:* Male
*License number*: 55107
*NPI:* 1194242461
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COSTELLO, JENNIFER R , CSW**
*Provider Gender:* Female
*License number*: 84174
*NPI:* 1619506250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**EDE, KEKOA, MD**
*Provider Gender:* Male
*License number*: A101211
*NPI:* 1134224843
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOEHRING, KATHERINE R , NPA**
*Provider Gender:* Female
*License number*: 95002763
*NPI:* 1972929404
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HOLDEN, MATTHEW, PSY**
*Provider Gender:* Male
*License number*: PSY11197
*NPI:* 1740213487
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLEAST, RUTH A , CSW**
*Provider Gender:* Female
*License number*: LCSW28504
*NPI:* 1326272378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*After Hours Phone:* (858) 218-3000
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**
*Provider Gender:* Female
*License number*: A115342
*NPI:* 1851602270
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*After Hours Phone:* (858) 218-3000
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**
*Provider Gender:* Female
*License number*: 96997
*NPI:* 1245616887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAGOS, DANIEL, CSW**

*Provider Gender:* Male
*License number*: 88270
*NPI:* 1578983664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Fax:* (858) 633-4688
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**POSTLETHWAITE, ALEJANDRA, MD**
*Provider Gender:* Female
*License number*: A88938
*NPI:* 1750566915
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODARTE, GABRIEL, MD**
*Provider Gender:* Male
*License number*: A87906

*NPI:* 1184649212
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSS, ANNE T , NPA**
*Provider Gender:* Female
*License number*: 53359
*NPI:* 1447334883
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**
*Provider Gender:* Female
*License number*: 95010750
*NPI:* 1992279004
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*After Hours Phone:* (858) 218-3000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**
*Provider Gender:* Male
*License number*: 20A18127
*NPI:* 1275995870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**
*Provider Gender:* Male
*License number*: 18393
*NPI:* 1821013228
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE

13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**
*Provider Gender:* U
*License number*: 31075
*NPI:* 1932308442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
*Phone:* (858) 218-3000
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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**
*Provider Gender:* Female
*License number*: 29517
*NPI:* 1821389966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520
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*Fax:* (858) 633-4688
*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOMPSON, STEPHANIE G , CSW**
*Provider Gender:* Female
*License number*: 75185
*NPI:* 1861938227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VALLEZ BARLAM, ANDREA, PSY**
*Provider Gender:* Female
*License number*: PSY9962
*NPI:* 1710902143
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
POWAY, CA 920644520

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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**
*Provider Gender:* Female
*License number*: PSY28364
*NPI:* 1023459708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOODWORTH, JENNIFER, PSY**
*Provider Gender:* Female
*License number*: 26963
*NPI:* 1639362494
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NEIGHBORHOOD HEALTHCARE
13010 POWAY RD
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*After Hours Phone:* (858) 218-3000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## POWAY

**JACKSON, VIOLETTE A , CSW**
*Provider Gender:* Female
*License number*: 15995
*NPI:* 1275640195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:*
VIOLETTE JACKSON
15525 POMERADO RD STE E4
POWAY, CA 92064-2427

*Phone:* (858) 674-5958
*Fax:* (858) 451-1104
*After Hours Phone:* (858) 674-5958
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TH 9AM-8PM

**RAMONA**

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**ARANGO, MONICA, PSY**
*Provider Gender:* Female
*License number*: 28316
*NPI:* 1225090616
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CHALMERS, VIRGINIA, CSW**
*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**
*Provider Gender:* Female
*License number*: 25138
*NPI:* 1063800217
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GUEVARA LEHMAN, NATALIE, CSW**
*Provider Gender:* Female
*License number*: 63746
*NPI:* 1578835757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**GUTIERREZ, VERONICA, PSY**
*Provider Gender:* Female
*License number*: 21413
*NPI:* 1467674176
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**SINNAPPAN, CHRISTOPHER A , MD**
*Provider Gender:* Male
*License number*: G85649
*NPI:* 1588740252
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

**WALKER, SHAYNA T , MD**

*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
217 EARLHAM ST
RAMONA, CA 92065-1589
*Phone:* (760) 789-1223
*Fax:* (760) 789-5946
*After Hours Phone:* (760) 789-1223
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

## SANTA YSABEL

**GERNANDT, DEBRA J , MFT**
*Provider Gender:* Female
*License number*: 50395
*NPI:* 1538292115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
GERNANDT, DEBRA
30240 HIGHWAY 78
SANTA YSABEL, CA 920700231
*Phone:* (760) 765-3578
*Fax:* (760) 765-2810
*After Hours Phone:* (760) 765-3578
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU 9AM-7PM, W,F 9AM-6PM, SA 10AM-5PM

**HAWTHORNE, KAREN, MFT**
*Provider Gender:* Female
*License number*: 16894
*NPI:* 1750449625
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
HAWTHORNE, KAREN
30240 HIGHWAY 78
SANTA YSABEL, CA 920700035
*Phone:* (760) 765-3578
*Fax:* (760) 765-2810
*After Hours Phone:* (760) 765-3578
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 1PM-6PM, TU 10AM-6PM, W,TH 9AM-7PM, F 10AM-4PM, SA 12:30PM-3:30PM

## SAN DIEGO

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990

*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ABERCROMBIE, SHERI L , PSY**
*Provider Gender:* Female
*License number*: 18536
*NPI:* 1932292422
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**AGUILAR, DIANA, CSW**
*Provider Gender:* Female
*License number*: 83063
*NPI:* 1194065813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALAVI, ALI S , MD**
*Provider Gender:* Male
*License number*: A163793
*NPI:* 1356856694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ALFARO, AMY, CSW**
*Provider Gender:* Female
*License number*: 72874
*NPI:* 1609326859
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609

*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ANDERSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: LCSW28443
*NPI:* 1679766380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ANDERSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: LCSW28443
*NPI:* 1679766380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ANDERSON, NICOLE
6136 MISSION GORGE RD STE 106
SAN DIEGO, CA 92120-3413
*Phone:* (619) 786-1351
*Fax:*
*After Hours Phone:* (619) 786-1351
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* W 5PM-9PM

**ANDERSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: LCSW28443
*NPI:* 1679766380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ANDREWS GEYMAN, JOY, PSY**
*Provider Gender:* Female
*License number*: 15492
*NPI:* 1336243013
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**ANGER, ALEXANDRA C , NPA**
*Provider Gender:* Female
*License number*: 95007806
*NPI:* 1780042002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARONLEE, TRACY S , CSW**
*Provider Gender:* Female
*License number*: 83778
*NPI:* 1619304748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**ARONLEE, TRACY S , CSW**
*Provider Gender:* Female
*License number*: 83778
*NPI:* 1619304748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**ARSENAULT, DARIN J , PSY**
*Provider Gender:* Male
*License number*: 24775
*NPI:* 1528243821
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male

*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male

*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male

*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ATALLAH, HANI M , MD**
*Provider Gender:* Male
*License number*: 132530
*NPI:* 1104169655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male

*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male

*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**

*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male

*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

# J. Directorio de proveedores de salud mental

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-F 8AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BABBITT, CLAIRE M , MFT**
*Provider Gender:* Female
*License number*: 88233
*NPI:* 1306219936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BABBITT, CLAIRE
16870 W BERNARDO DR STE 400
SAN DIEGO, CA 92127-1678
*Phone:* (858) 449-7547
*Fax:*
*After Hours Phone:* (858) 449-7547
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SA 6:30AM-7PM

**BAHENA, SANDRA, PSY**
*Provider Gender:* Female
*License number*: 29792
*NPI:* 1073742268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**BAHENA, SANDRA, PSY**
*Provider Gender:* Female
*License number*: 29792
*NPI:* 1073742268
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BAHRO, SONIA A , PSY**
*Provider Gender:* Female
*License number*: 22039
*NPI:* 1750418042
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**BALINGIT, KATRINA T , NPA**
*Provider Gender:* Female
*License number*: NP95012642
*NPI:* 1538790605
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BANZON, CHARLES, MFT**
*Provider Gender:* Male
*License number*: 49126
*NPI:* 1457422966
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529

*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 445-6200
*Fax:* (619) 238-5551
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 445-6200
*Fax:* (619) 824-9076
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARRATT, REBEKAH A , PSY**
*Provider Gender:* Female
*License number*: 23471
*NPI:* 1609060276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female

*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BASS, GURGIANA, PSY**
*Provider Gender:* Female
*License number*: 24750
*NPI:* 1639325277
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**BASS, GURGIANA, PSY**
*Provider Gender:* Female
*License number*: 24750
*NPI:* 1639325277
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

# J. Directorio de proveedores de salud mental

**BAYLON, ALDO, PSY**
*Provider Gender:* Male
*License number*: PSY29904
*NPI:* 1649429150
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BAZZETTA, JAMES J , PSY**
*Provider Gender:* Male
*License number*: 24443
*NPI:* 1619162609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**BENNETT, CATHERINE V , MFT**
*Provider Gender:* Female
*License number*: 18154
*NPI:* 1861577967
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BENNETT, KATE
9655 GRANITE RIDGE DR # 200-0027 STE 200-0027
SAN DIEGO, CA 92123-2674
*Phone:* (619) 823-0204
*Fax:* (858) 459-2128
*After Hours Phone:* (619) 823-0204
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 1PM-6PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BENZL, JERRY F , MD**
*Provider Gender:* Male
*License number*: A154471
*NPI:* 1487032082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BESTERFIELD, LYDIA, NPA**
*Provider Gender:* Female
*License number*: 95013060
*NPI:* 1265929442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**BESTERFIELD, LYDIA, NPA**
*Provider Gender:* Female
*License number*: 95013060
*NPI:* 1265929442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**BHATIA, PRAKASH K , MD**
*Provider Gender:* Male
*License number*: A74848
*NPI:* 1164464137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PACIFIC HEALTH SYSTEMS LP
6655 ALVARADO RD
SAN DIEGO, CA 92120-5208
*Phone:* (619) 287-3270
*Fax:* (619) 267-9273
*After Hours Phone:* (619) 287-3270
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BONDELL, JAMES A , PSY**
*Provider Gender:* Male
*License number*: 4842
*NPI:* 1558456046
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BONDELL, JAMES
2477 CONGRESS ST
SAN DIEGO, CA 92110-2820
*Phone:* (760) 729-4931
*Fax:* (760) 729-3846
*After Hours Phone:* (760) 729-4931
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,TH 9AM-7:30PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male

*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female

*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female

*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BORREGO, DIANA E , NPA**

*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BOUCHER, DAVID A , PSY**
*Provider Gender:* Male
*License number*: 14085
*NPI:* 1518966340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BOUCHER, DAVID
3760 CONVOY ST STE 118
SAN DIEGO, CA 92111-3743
*Phone:* (619) 296-8097
*Fax:* (619) 260-1036
*After Hours Phone:* (619) 296-8097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* W,TH 8AM-7PM

**BOULES, FADY S , NPA**
*Provider Gender:* Male
*License number*: 95003306
*NPI:* 1639541022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BOWEN, JOHN DAVID, PSY**
*Provider Gender:* Male
*License number*: PSY30271
*NPI:* 1861949190
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BRADDOCK, ADAM, MD**
*Provider Gender:* Male
*License number*: A114671
*NPI:* 1013163542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**BRANTMAN, ANNE E , NPA**
*Provider Gender:* Female
*License number*: 12343
*NPI:* 1689621633
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
SENIOR MEDICAL ASSOCIATES INC
2810 CAMINO DEL RIO S STE 102
SAN DIEGO, CA 92108-3819
*Phone:* (619) 299-1419
*Fax:* (858) 461-6008
*After Hours Phone:* (619) 299-1419
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BROMLEY, BRIAN, MD**
*Provider Gender:* Male
*License number*: 20A5363
*NPI:* 1306049564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUNNER, SCOTT P , MD**
*Provider Gender:* Male
*License number*: G83336
*NPI:* 1720115090
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BURNS, PETER B , MD**
*Provider Gender:* Male
*License number*: G145142
*NPI:* 1891727533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477

*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CANN, RONALD, MD**
*Provider Gender:* Male
*License number*: G83523
*NPI:* 1285941401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CANN, RONALD, MD**
*Provider Gender:* Male
*License number*: G83523
*NPI:* 1285941401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
545 LAUREL ST
SAN DIEGO, CA 92101-1634
*Phone:* (619) 433-4399
*Fax:* (619) 233-0453
*After Hours Phone:* (619) 433-4399
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CARBONELL, SONIA, PSY**
*Provider Gender:* Female
*License number*: 19752
*NPI:* 1902976343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CARBONELL, SONIA, PSY**
*Provider Gender:* Female

*License number*: 19752
*NPI:* 1902976343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARILLO, KRYSTAL I , CSW**
*Provider Gender:* Female
*License number*: 80068
*NPI:* 1871906735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 398-2156
*Fax:* (619) 398-2165
*After Hours Phone:* (619) 398-2156
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216

*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CARLTON, SHARMILA G , MD**
*Provider Gender:* Female
*License number*: A91362
*NPI:* 1558442566
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CARR-LEE, NICOLE, PSY**
*Provider Gender:* Female
*License number*: 26191
*NPI:* 1316270481
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese,

Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHAMBERS, NICOLE, PSY**
*Provider Gender:* Female
*License number*: PSY30966
*NPI:* 1821297029
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHANG, YUFANG J , MD**
*Provider Gender:* Female
*License number*: A119710
*NPI:* 1093918807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHANG, YUFANG J , MD**
*Provider Gender:* Female
*License number*: A119710
*NPI:* 1093918807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHANG, YUFANG J , MD**
*Provider Gender:* Female
*License number*: A119710
*NPI:* 1093918807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CHANG, YUFANG J , MD**
*Provider Gender:* Female
*License number*: A119710
*NPI:* 1093918807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**CHANG, YUFANG J , MD**
*Provider Gender:* Female
*License number*: A119710
*NPI:* 1093918807
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHAPMAN, DONNA M , MFT**
*Provider Gender:* Female
*License number*: 83943
*NPI:* 1457637068
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CHAPMAN, DONNA
2525 CAMINO DEL RIO S STE 107
SAN DIEGO, CA 92108-3718
*Phone:* (619) 908-9908
*Fax:*
*After Hours Phone:* (619) 908-9908
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-10PM, W 9AM-10PM, F 8:30AM-9PM, SA 8AM-12PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 & B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 312-6660
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 & B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 312-6660
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
YASHWANT CHAUDRI MD A PROF CORP
7850 VISTA HILL AVE
SAN DIEGO, CA 92123-2717
*Phone:* (858) 836-8434
*Fax:* (619) 596-9893
*After Hours Phone:* (858) 836-8434
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 6AM-6PM

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHAUHAN, SMIT S , MD**
*Provider Gender:* Male
*License number*: A123312
*NPI:* 1700083391
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
YASHWANT CHAUDRI MD A PROF CORP
4077 FIFTH AVE
SAN DIEGO, CA 92103-2105
*Phone:* (619) 294-8111
*Fax:*
*After Hours Phone:* (619) 294-8111
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHEN, KYLE J , NRS**
*Provider Gender:* Male
*License number*: 95014850
*NPI:* 1154930774
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
EHAB YACOUB MD INC.
3914 3RD AVE
SAN DIEGO, CA 92103-3003
*Phone:* (310) 515-8113
*Fax:* (310) 538-2102
*After Hours Phone:* (310) 515-8113
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SU 7AM-9PM

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 398-2156
*Fax:* (619) 398-2165
*After Hours Phone:* (619) 398-2156
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1260 MORENA BLVD
SAN DIEGO, CA 92110-3889
*Phone:* (619) 398-0355
*Fax:* (619) 398-0350
*After Hours Phone:* (619) 398-0355
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-8PM

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CHERNOBELSKY, RONIT L , MD**
*Provider Gender:* Female
*License number*: A107075
*NPI:* 1154468684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**CHI, IDA C , CSW**
*Provider Gender:* Female
*License number*: 21911
*NPI:* 1407003874
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**CHMIEL, RENEE L , PSY**
*Provider Gender:* Female
*License number*: 22592
*NPI:* 1801026984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CHRISTENSEN, MELISSA,**

# J. Directorio de proveedores de salud mental

**CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CLARK, MARY M , PSY**
*Provider Gender:* Female
*License number*: 17897
*NPI:* 1659374775
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CLARK, MARY
10981 SAN DIEGO MISSION RD STE 114
SAN DIEGO, CA 92108-2448
*Phone:* (619) 280-0285
*Fax:* (619) 280-0286
*After Hours Phone:* (619) 280-0285
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 10AM-5PM

**CLEMENT, LUIS, PSY**
*Provider Gender:* Male
*License number*: 28534
*NPI:* 1235364712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CLONTS, PAUL A , CSW**
*Provider Gender:* Male
*License number*: 87259
*NPI:* 1467808568
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**COLLINS, CONSTANCE A , CSW**
*Provider Gender:* Female
*License number*: 23330
*NPI:* 1477600195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**COMBS, LAURI, CSW**
*Provider Gender:* Female
*License number*: LCSW75330
*NPI:* 1538398979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CORBETT, KIMBERLY F , PSY**
*Provider Gender:* Female
*License number*: 21669
*NPI:* 1235239823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CORBETT, KIMBERLY
5190 GOVERNOR DR STE 104
SAN DIEGO, CA 92122-2848
*Phone:* (619) 298-2098
*Fax:* (619) 615-2244
*After Hours Phone:* (619) 298-2098
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8AM-6PM, TH 8AM-7:30PM

**COURT, MARIA C , MD**
*Provider Gender:* Female
*License number*: A113797
*NPI:* 1316196108
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CRUZ ARAUJO, ANDREA L , MD**
*Provider Gender:* Female
*License number*: A160789
*NPI:* 1124401435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**CUELLAR, BETHANY, MFT**
*Provider Gender:* Female
*License number*: 79616
*NPI:* 1720388374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**CUELLAR, BETHANY, MFT**
*Provider Gender:* Female
*License number*: 79616
*NPI:* 1720388374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**CUTLER, APRYL, NPA**
*Provider Gender:* Female
*License number*: 95012457
*NPI:* 1467960120
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DE LA ROSA, LORDES, MFT**
*Provider Gender:* Female
*License number*: 85375
*NPI:* 1821424623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DE LLANO, CARMEN, PSY**
*Provider Gender:* Female
*License number*: PSY11154
*NPI:* 1992752406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
DR. CARMEN DE LLANO, PH.D.
3505 CAMINO DEL RIO S STE 335
SAN DIEGO, CA 92108-4090
*Phone:* (619) 584-6299
*Fax:* (619) 468-6917
*After Hours Phone:* (619) 584-6299
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W 1PM-8:30PM, TH 1PM-6PM

**DE SILVA, NIHAL, MD**
*Provider Gender:* Male
*License number*: C135933
*NPI:* 1003834789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DEACON, CASSIE, CSW**
*Provider Gender:* Female
*License number*: 94105
*NPI:* 1720452998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**DEACON, CASSIE, CSW**
*Provider Gender:* Female
*License number*: 94105
*NPI:* 1720452998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**DEAM, JONATHAN, MD**
*Provider Gender:* Male
*License number*: A126198
*NPI:* 1982864948
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DEBBOLD, ERIC M , MD**
*Provider Gender:* Male
*License number*: 164068
*NPI:* 1144726415
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DEIGNAN, PATRICIA, CSW**
*Provider Gender:* Female
*License number*: 21861
*NPI:* 1679630776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
PATRICIA, DEIGNAN
2496 E ST STE 2F
SAN DIEGO, CA 92102-6208
*Phone:* (619) 723-9244
*Fax:*
*After Hours Phone:* (619) 723-9244
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU 9AM-5PM, W,TH 9AM-5:30PM, F 9AM-1:30PM

**DEWART, ELIZABETH, NPA**
*Provider Gender:* Female
*License number*: 22736
*NPI:* 1407027618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DIA, ALI R , MD**

*Provider Gender:* Male
*License number*: A47803
*NPI:* 1912031030
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male

*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male

*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DOBOS, DAVID, MD**

*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOMINGUEZ- BARROS, INES N , PSY**
*Provider Gender:* Female
*License number*: 26075
*NPI:* 1518031376
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DYLAK, JASMINE C , CSW**
*Provider Gender:* Female
*License number*: 33-0743869
*NPI:* 1659782498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
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*TDD:* No
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*Gender Restriction:* No Gender Restrictions
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Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
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*Gender Restriction:* No Gender Restrictions
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*Hours:* M-F 8AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
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*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
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*TDD:* No
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**ERBE, EDWARD J , MD**
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*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ESCAMILLA, KARLA B , CSW**
*Provider Gender:* Female
*License number*: 87168
*NPI:* 1134613946
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ESFANDIARI, ALI, PSY**
*Provider Gender:* Male
*License number*: 30605
*NPI:* 1215239603
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FANTINO, RAMONA E , CSW**
*Provider Gender:* Female
*License number*: 70826
*NPI:* 1215191515
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**FAUTH, JAMIE, NPA**
*Provider Gender:* Female
*License number*: 95002650
*NPI:* 1396098455
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**FERRER, ADAREZZA I , MD**
*Provider Gender:* Female
*License number*: A123390
*NPI:* 1316175524
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FERRIS, DONALD W , MD**
*Provider Gender:* Male
*License number*: G24351
*NPI:* 1770756835
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**FERTIG, PATRICIA A , MD**
*Provider Gender:* Female
*License number*: 20A14928
*NPI:* 1457642803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**FERTIG, PATRICIA A , MD**
*Provider Gender:* Female
*License number*: 20A14928
*NPI:* 1457642803
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**FIGUEROA, FABIOLA, PSY**
*Provider Gender:* Female
*License number*: PSY24471
*NPI:* 1720283211
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NESTOR COMMUNITY HEALTH CENTER
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH 8AM-8PM, W,F 8AM-5PM, SA 8AM-12PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLORES, MARY LUPE, CSW**

*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female

*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female

*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLOWERS, LAURA L , CSW**
*Provider Gender:* Female
*License number*: 74705
*NPI:* 1437648862
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FLYNN CRUZ, MARY E , CSW**

*Provider Gender:* Female
*License number*: 92918
*NPI:* 1942814181
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FONTANA, LOUIS A , MD**
*Provider Gender:* Male
*License number*: G49072
*NPI:* 1780734343
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**FORZANI, CHRISTINA A , PSY**
*Provider Gender:* Female
*License number*: 25710
*NPI:* 1902939630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FREEMAN, KAY M , MFT**
*Provider Gender:* Female
*License number*: 16284
*NPI:* 1588795298
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 445-6200
*Fax:* (619) 824-9076
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350
*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 445-6200
*Fax:* (619) 238-5551
*After Hours Phone:* (619) 445-6200

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FUENTES WEST, MARYSOL, MFT**
*Provider Gender:* Female
*License number*: 39962
*NPI:* 1285770941
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FUENTES WEST, MARYSOL
4080 CENTRE ST STE 207
SAN DIEGO, CA 92103-2658
*Phone:* (619) 422-7216
*Fax:*
*After Hours Phone:* (619) 422-7216
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* Yes
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 9AM-6PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAHAGAN, SHEILA, MD**
*Provider Gender:* Female
*License number*: G53666
*NPI:* 1053327221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GATTEY, JOEL A , MFT**
*Provider Gender:* Male
*License number*: 112422
*NPI:* 1487942488
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GENTILE, GILBERT J , CSW**
*Provider Gender:* Male
*License number*: 17074
*NPI:* 1164965265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**GIAMONA, KRISTEN, PSY**
*Provider Gender:* Female
*License number*: 28419
*NPI:* 1376824383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**GIAMONA, KRISTEN, PSY**
*Provider Gender:* Female
*License number*: 28419
*NPI:* 1376824383
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GILLIS, RUTH, MFT**
*Provider Gender:* Female
*License number*: 50313
*NPI:* 1568588325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese,

Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GODDARD, NADINA, CSW**
*Provider Gender:* Female
*License number*: 95217
*NPI:* 1962048892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GOMEZ-NARANJO, PATRICIA A , MD**
*Provider Gender:* Female
*License number*: A55544
*NPI:* 1053324541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GOULD, HILARY, PSY**
*Provider Gender:* Female
*License number*: 31088
*NPI:* 1104297696
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GRACE, MONIKA M , PSY**
*Provider Gender:* Female
*License number*: 24462
*NPI:* 1497985832
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Modern Greek, French, Portuguese, Spanish
*Cultural Competency:*
GRACE COUNSELING AND PSYCHOTHERAPY
2423 CAMINO DEL RIO S STE 101
SAN DIEGO, CA 92108-3734
*Phone:* (619) 381-8472
*Fax:* (619) 839-3973
*After Hours Phone:* (619) 381-8472
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Modern Greek, French, Portuguese, Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SA 8AM-8PM

**GRAHAM, DEBRA JEANNE, NPA**
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GRAHAM, DEBRA JEANNE, NPA**
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**GRAHAM, DEBRA JEANNE, NPA**
*Provider Gender:* Female
*License number*: NP15657
*NPI:* 1790757623
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 & B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 312-6660
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**GUARDADO SOTO, RAQUEL E , PSY**
*Provider Gender:* Female
*License number*: 26883
*NPI:* 1194999276
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**GUEVARA, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 26974
*NPI:* 1194925842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
GUEVARA, ADRIANA
6749 EL BANQUERO PL
SAN DIEGO, CA 92119-1129
*Phone:* (619) 356-8387
*Fax:*
*After Hours Phone:* (619) 356-8387
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,W,F 8AM-5PM

**GUEVARA, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 26974
*NPI:* 1194925842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
GUEVARA, ADRIANA
3990 OLD TOWN AVE STE B100
SAN DIEGO, CA 92110-2967
*Phone:* (619) 356-8387
*Fax:* (831) 426-1377
*After Hours Phone:* (619) 356-8387
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,W,F 8AM-5PM

**GUEVARA, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 26974
*NPI:* 1194925842
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
GUEVARA, ADRIANA
7290 NAVAJO RD STE 109
SAN DIEGO, CA 92119-1631
*Phone:* (619) 356-8387
*Fax:* (831) 426-1377
*After Hours Phone:* (619) 356-8387
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,W,F 8AM-5PM

**GUILLEN-IBARRA, MIRIAM, CSW**
*Provider Gender:* Female
*License number*: 103357
*NPI:* 1164691424
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female

*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, SARAHI, CSW**
*Provider Gender:* Female
*License number*: 82040
*NPI:* 1174909071
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**HARASHEVSKY, MARK, MD**
*Provider Gender:* Male
*License number*: 20A10936
*NPI:* 1699923318
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
545 LAUREL ST
SAN DIEGO, CA 92101-1634
*Phone:* (619) 433-4399
*Fax:* (619) 233-0453
*After Hours Phone:* (619) 433-4399
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HENLEY, ROBERT, PSY**
*Provider Gender:* Male
*License number*: 15291
*NPI:* 1225355290
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HIGHTOWER, TERRI M , MFT**
*Provider Gender:* Female
*License number*: 43779
*NPI:* 1063572899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**HODGE, ROGER G , PSY**
*Provider Gender:* Male
*License number*: 26148
*NPI:* 1306096714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126-2375
*Phone:* (844) 200-2426
*Fax:* (858) 695-9074
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**HODGE, ROGER G , PSY**
*Provider Gender:* Male
*License number*: 26148
*NPI:* 1306096714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**HODGE, ROGER G , PSY**
*Provider Gender:* Male
*License number*: 26148
*NPI:* 1306096714
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OPERATION SAMAHAN
9995 CARMEL MOUNTAIN RD STE B10 & B11
SAN DIEGO, CA 92129-2889
*Phone:* (844) 200-2426
*Fax:* (858) 312-6660
*After Hours Phone:* (844) 200-2426
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No

*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HOUSE, SEAN, PSY**
*Provider Gender:* Male
*License number*: 25128
*NPI:* 1659524544
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
HOUSE, SEAN
11417 W BERNARDO CT STE K
SAN DIEGO, CA 92127-1639
*Phone:* (858) 254-4192
*Fax:*
*After Hours Phone:* (858) 254-4192
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 9AM-7:30PM, TU 9:30AM-7PM, W,TH 9:30AM-7:30PM, F 9AM-5PM, SA 9AM-12PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female

*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female

*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**IBANEZ, BERNICE, PSY**
*Provider Gender:* Female
*License number*: 22080
*NPI:* 1740394386
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ISHIDA, YO, CSW**
*Provider Gender:* Female

*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female

*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**

*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female

*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female

*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female

*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**

*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JALAN, DEVESH, MD**

*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male

*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female

*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female

*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female

*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA,**

**CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAUREGUI, CYNTHIA J , MFT**
*Provider Gender:* Female
*License number*: 46152
*NPI:* 1003953886
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JENSEN, DEXTER, MD**
*Provider Gender:* Male
*License number*: A67960
*NPI:* 1740465541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JUAREZ, AMERICA, CSW**
*Provider Gender:* Female
*License number*: 92516
*NPI:* 1386281541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**KANE, SADIE P , NPA**
*Provider Gender:* Female
*License number*: 95004685
*NPI:* 1942608161
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAUFFMAN, CASSANDRA M , PSY**
*Provider Gender:* Female
*License number*: 25899
*NPI:* 1780845396
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266

*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KELLEY, KIMBERLY L , CSW**
*Provider Gender:* Female
*License number*: 97888
*NPI:* 1326447897
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KERI, JASON S , MD**
*Provider Gender:* Male
*License number*: A82017
*NPI:* 1811915812
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SENIOR MEDICAL ASSOCIATES INC
2810 CAMINO DEL RIO S STE 102
SAN DIEGO, CA 92108-3819
*Phone:* (619) 299-1419
*Fax:* (858) 461-6008
*After Hours Phone:* (619) 299-1419
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KHAN, MAYSUN, CSW**
*Provider Gender:* Female
*License number*: 71910
*NPI:* 1033519632
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KILBURN, STACY L , CSW**
*Provider Gender:* Female
*License number*: 106433
*NPI:* 1942554951
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KISSELOVICH, TERRI L , CSW**
*Provider Gender:* Female
*License number*: 27673
*NPI:* 1841386885
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KLUEMPER, NICOLE, PSY**
*Provider Gender:* Female
*License number*: 27064
*NPI:* 1902125818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**KLUEMPER, NICOLE, PSY**
*Provider Gender:* Female
*License number*: 27064
*NPI:* 1902125818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KNIGHT, TARA J , NPA**
*Provider Gender:* Female
*License number*: 95012285
*NPI:* 1801394358
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:*

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KOSMACH, JOSEPH J , MD**
*Provider Gender:* Male
*License number*: 20A16558
*NPI:* 1801233911
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
KOSMACH, JOSEPH
7850 VISTA HILL AVE
SAN DIEGO, CA 92123-2717
*Phone:* (619) 294-4119
*Fax:*
*After Hours Phone:* (619) 294-4119
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* Yes
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8AM-5PM, TH 8AM-5:30PM

**KRITTMAN, STUART W , PSY**
*Provider Gender:* Male
*License number*: PSY20233
*NPI:* 1174964399
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No

*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KURANAKA, TRACY R , MD**
*Provider Gender:* Female
*License number*: A75170
*NPI:* 1619930542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**KURANAKA, TRACY R , MD**
*Provider Gender:* Female
*License number*: A75170
*NPI:* 1619930542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**KURANAKA, TRACY R , MD**
*Provider Gender:* Female
*License number*: A75170
*NPI:* 1619930542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female

*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LAKE, NAOMI B , CSW**
*Provider Gender:* Female
*License number*: 17413
*NPI:* 1215084116
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LARDON, MICHAEL T , MD**
*Provider Gender:* Male
*License number*: A48664
*NPI:* 1174630305
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
LARDON, MICHAEL
3750 CONVOY ST STE 318
SAN DIEGO, CA 92111-3741
*Phone:* (858) 292-2929
*Fax:* (619) 292-2909
*After Hours Phone:* (858) 292-2929
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* Yes
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 9AM-5PM, F 9AM-12PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LERNER, BRIAN D , CSW**
*Provider Gender:* Male
*License number*: 105537
*NPI:* 1134888423
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**LEWIS, ARASELI P , PSY**
*Provider Gender:* Female
*License number*: 25551
*NPI:* 1144395542
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**LIANG, YINGJIAN, MD**
*Provider Gender:* Female
*License number*: A127013
*NPI:* 1912295361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Mandarin
*Cultural Competency:*
LIANG, YINGJIAN
7850 VISTA HILL AVE
SAN DIEGO, CA 92123-2717
*Phone:* (858) 499-8430
*Fax:* (858) 278-7721
*After Hours Phone:* (858) 499-8430
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin
*TDD:* Yes
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LIERA, CARMEN G , CSW**
*Provider Gender:* Female
*License number*: 72986
*NPI:* 1275895443
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LINDEMAN, KURTIS P , MD**
*Provider Gender:* Male
*License number*: A104052
*NPI:* 1124155791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIU, TIMOTHY C , MD**

*Provider Gender:* Male
*License number*: A105535
*NPI:* 1720262801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Yue Chinese
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**LIU, TIMOTHY C , MD**
*Provider Gender:* Male
*License number*: A105535
*NPI:* 1720262801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Yue Chinese
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**LI, YUELING, MD**
*Provider Gender:* Female
*License number*: A173698
*NPI:* 1588157853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LLAMAS, SASHA G , CSW**
*Provider Gender:* Female
*License number*: 94249
*NPI:* 1356713739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female

*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female

*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LOVE-ROBLES, YVONNE, PSY**
*Provider Gender:* Female

*License number*: 18321
*NPI:* 1902812811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**LUCKS, BONNIE D , PSY**
*Provider Gender:* Female
*License number*: 22788
*NPI:* 1609910876
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LUCKS PSYCHOLOGY INC
2878 CAMINO DEL RIO S STE 315
SAN DIEGO, CA 92108-3846
*Phone:* (619) 569-0777
*Fax:* (619) 563-4559
*After Hours Phone:* (619) 569-0777
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* Yes
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 10AM-6PM, TU-TH 8AM-9PM, F 8AM-7PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
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*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
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*Gender Restriction:* No Gender Restrictions
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**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
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**MACMASTER, LINDSAY, PSY**
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*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
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*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
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Please contact provider for Accessibility information
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**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
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*TDD:* No
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*Gender Restriction:* No Gender Restrictions
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*Hours:* M-TH 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
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*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
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*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MAK, HEATHER, MD**
*Provider Gender:* Female
*License number*: A153551
*NPI:* 1033430863
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599

*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MALAK, LAWRENCE, MD**
*Provider Gender:* Male
*License number*: A115345
*NPI:* 1467773028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 445-6200
*Fax:* (619) 238-5551
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 445-6200
*Fax:* (619) 824-9076
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1260 MORENA BLVD
SAN DIEGO, CA 92110-3889
*Phone:* (619) 398-0355
*Fax:* (619) 398-0350
*After Hours Phone:* (619) 398-0355
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-8PM

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# J. Directorio de proveedores de salud mental

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MANUEL, LUCKVIN P , MD**
*Provider Gender:* Male
*License number*: A89173
*NPI:* 1699857813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTINEZ, IVONNE B , CSW**
*Provider Gender:* Female
*License number*: 85604
*NPI:* 1225355498
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MARTINEZ, STEPHANIE, MD**
*Provider Gender:* Female
*License number*: 152787
*NPI:* 1699126367

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:*

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MASTERS, MARCHITA, PSY**
*Provider Gender:* Female
*License number*: 17265
*NPI:* 1043330467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MATTHEWS, ELIZABETH B , CSW**
*Provider Gender:* Female
*License number*: 74447
*NPI:* 1285385914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**MA, CI, MD**
*Provider Gender:* Female
*License number*: A134158
*NPI:* 1801185400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin
*Cultural Competency:*
MA, CI
7850 VISTA HILL AVE
SAN DIEGO, CA 92123-2717
*Phone:* (858) 848-5386
*Fax:* (858) 836-8765
*After Hours Phone:* (858) 848-5386
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

# J. Directorio de proveedores de salud mental

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female

*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCHENRY, KELLY, CSW**

*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

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*Hours:* M-TH 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8AM-5PM

**MCKELLOGG GUAJARDO, MEGAN A , PSY**
*Provider Gender:* Female
*License number*: 23450
*NPI:* 1952454043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
MCKELLOGG GUAJARDO, MEGAN
3821 FRONT ST
SAN DIEGO, CA 92103-3019
*Phone:* (619) 354-9081
*Fax:*
*After Hours Phone:* (619) 354-9081
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU,W 9AM-8PM, SA 9AM-2PM

**MEJIAS, JUAN C , PSY**
*Provider Gender:* Male
*License number*: 26953
*NPI:* 1558560730
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**

*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female

*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ PEREZ, MARIA C , CSW**
*Provider Gender:* Female
*License number*: 89151
*NPI:* 1356902795
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male

*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male

*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**

*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female

*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female

*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**METZLER, CINDEA J , MFT**
*Provider Gender:* Female
*License number*: LMFT38808
*NPI:* 1487690483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
CINDEA J METZLER, LMFT
3633 CAMINO DEL RIO S STE 102
SAN DIEGO, CA 92108-4012
*Phone:* (858) 254-6590
*Fax:*
*After Hours Phone:* (858) 254-6590
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU 7PM-8PM

**MILLER, BRIAN P , MD**
*Provider Gender:* Male
*License number*: A68180
*NPI:* 1861411381
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
MILLER, BRIAN
7850 VISTA HILL AVE
SAN DIEGO, CA 92123-2717
*Phone:* (858) 836-8434
*Fax:* (619) 740-5055
*After Hours Phone:* (858) 836-8434
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MIRANDA, CYNTHIA, PSY**
*Provider Gender:* Female
*License number*: 21188
*NPI:* 1023186970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**MIRANDA, CYNTHIA, PSY**
*Provider Gender:* Female
*License number*: 21188
*NPI:* 1023186970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MISHRA, GAURAV, MD**
*Provider Gender:* Male
*License number*: A129941
*NPI:* 1689804866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Kannada, Maithili, Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:*

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MOTAGHED, HENGAMEH, PSY**
*Provider Gender:* Female
*License number*: 12707
*NPI:* 1366550592
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
MOTAGHED, HENGAMEH
411 CAMINO DEL RIO S STE 200
SAN DIEGO, CA 92108-3550
*Phone:* (858) 922-4959
*Fax:* (619) 294-8190
*After Hours Phone:* (858) 922-4959
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH 8AM-8PM

**MOTAGHED, HENGAMEH, PSY**
*Provider Gender:* Female
*License number*: 12707
*NPI:* 1366550592
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
MOTAGHED, HENGAMEH
591 CAMINO DE LA REINA STE 918
SAN DIEGO, CA 92108-3111

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (858) 922-4959
*Fax:* (619) 294-8190
*After Hours Phone:* (858) 922-4959
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH 7AM-7PM

**MUIR, KATHLEEN G , MFT**
*Provider Gender:* Female
*License number*: 52081
*NPI:* 1093009334
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MUIR, KATHLEEN
8885 RIO SAN DIEGO DR STE 365
SAN DIEGO, CA 92108-1627
*Phone:* (619) 873-7738
*Fax:* (619) 324-4154
*After Hours Phone:* (619) 873-7738
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 4PM-9PM, W 12PM-4PM

**MUNOZ, VIVIANA, CSW**
*Provider Gender:* Female
*License number*: 66637
*NPI:* 1497987713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**MURPHY, ERIN, MFT**
*Provider Gender:* Female
*License number*: 42623
*NPI:* 1063571925
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MURPHY, VALERIE R , MFT**
*Provider Gender:* Female
*License number*: 84920
*NPI:* 1770732992
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MURPHY, VALERIE
3974 SORRENTO VALLEY BLVD UNIT 910255
SAN DIEGO, CA 92191-7012
*Phone:* (619) 786-6062
*Fax:* (859) 724-3034
*After Hours Phone:* (619) 786-6062
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 11AM-7PM

**NACHE-MORRIS MCCULLUM, TIFFANY, PSY**
*Provider Gender:* Female
*License number*: 29329
*NPI:* 1528306206
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAFICY, MAJID, MD**
*Provider Gender:* Male
*License number*: G70878
*NPI:* 1265564553
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi, Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NARANJO, JORGE, MD**
*Provider Gender:* Male
*License number*: A62504
*NPI:* 1992838684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NAVAKAS MD, EDWARD, MD**
*Provider Gender:* Female
*License number*: 88320
*NPI:* 1184648248
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NAWROCKI, KSENIA, MD**
*Provider Gender:* Female
*License number*: A123879
*NPI:* 1487882742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NAWROCKI, KSENIA, MD**
*Provider Gender:* Female
*License number*: A123879
*NPI:* 1487882742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NAWROCKI, KSENIA, MD**
*Provider Gender:* Female
*License number*: A123879
*NPI:* 1487882742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**NAWROCKI, KSENIA, MD**
*Provider Gender:* Female
*License number*: A123879
*NPI:* 1487882742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**NAWROCKI, KSENIA, MD**
*Provider Gender:* Female
*License number*: A123879
*NPI:* 1487882742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NELSON, THEODORA, MD**
*Provider Gender:* Female
*License number*: G75021
*NPI:* 1326130584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**NEWBERRY, LISA, CSW**
*Provider Gender:* Female
*License number*: 15615
*NPI:* 1578041083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NICHOLLS, MELANIE J , CSW**
*Provider Gender:* Female
*License number*: 104819
*NPI:* 1922767581
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NING, GRACE J , PSY**
*Provider Gender:* Female
*License number*: 27293
*NPI:* 1598911315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**NING, GRACE J , PSY**
*Provider Gender:* Female
*License number*: 27293
*NPI:* 1598911315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**NING, GRACE J , PSY**
*Provider Gender:* Female
*License number*: 27293
*NPI:* 1598911315
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**NORTH, NANCY A , CSW**
*Provider Gender:* Female
*License number*: LCS19018
*NPI:* 1053445213
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
German
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NOUHI, NUSHA, PSY**

*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**

*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

# J. Directorio de proveedores de salud mental

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

# J. Directorio de proveedores de salud mental

Please contact provider for Accessibility information
*Hours:*

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OCAMPO, ELAINE, NPA**
*Provider Gender:* Female
*License number*: 95003427
*NPI:* 1063856805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**OCAMPO, ELAINE, NPA**
*Provider Gender:* Female
*License number*: 95003427
*NPI:* 1063856805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**OCAMPO, ELAINE, NPA**
*Provider Gender:* Female
*License number*: 95003427
*NPI:* 1063856805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE

SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645

*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**OJHA, PRITI, MD**
*Provider Gender:* Female
*License number*: A139807
*NPI:* 1760897284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**OLIVEIRA, SHANNON J , MFT**
*Provider Gender:* Female
*License number*: 100161
*NPI:* 1386874626
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
OLIVEIRA, SHANNON
2535 CAMINO DEL RIO S STE 230
SAN DIEGO, CA 92108-3795
*Phone:* (707) 738-3453
*Fax:*
*After Hours Phone:* (707) 738-3453
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ORBE, KERIN, MD**
*Provider Gender:* Female
*License number*: 20A17225
*NPI:* 1114256690
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ORTEGA, MARIA G , MFT**
*Provider Gender:* Female
*License number*: 49264
*NPI:* 1154545739
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ORTIZ, MARIA, PSY**
*Provider Gender:* Female
*License number*: 30953
*NPI:* 1497980775
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**OSTEEN, VICTORIA G , CSW**
*Provider Gender:* Female
*License number*: 69748
*NPI:* 1033403027
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**PAI, SARAH A , NPA**
*Provider Gender:* Female
*License number*: 23711
*NPI:* 1255762167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**PAI, SARAH A , NPA**
*Provider Gender:* Female
*License number*: 23711
*NPI:* 1255762167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PATTON, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: 18244
*NPI:* 1184756702
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**PEDERSEN, SUESAN, MD**
*Provider Gender:* Female
*License number*: A138369
*NPI:* 1558603837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**PELLECCHIA, KRISTYN G , NPA**
*Provider Gender:* Female
*License number*: 21354
*NPI:* 1780981266
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SENIOR MEDICAL ASSOCIATES INC
2810 CAMINO DEL RIO S STE 102
SAN DIEGO, CA 92108-3819
*Phone:* (619) 299-1419
*Fax:* (858) 461-6008
*After Hours Phone:* (619) 299-1419
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PENNER, ANDREW W , NPA**
*Provider Gender:* Male
*License number*: 94025490
*NPI:* 1285862326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
EHAB YACOUB MD INC.
3914 3RD AVE
SAN DIEGO, CA 92103-3003
*Phone:* (310) 515-8113
*Fax:* (310) 538-2102
*After Hours Phone:* (310) 515-8113
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SU 7AM-9PM

**PERRY, KATHERINE, NPA**
*Provider Gender:* Female
*License number*: 95014964
*NPI:* 1215543426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
10717 CAMINO RUIZ STE 207
SAN DIEGO, CA 92126-2364
*Phone:* (858) 695-2211
*Fax:* (858) 695-3521
*After Hours Phone:* (858) 695-2211
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9:30AM-6PM

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673

*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PHAN, HY V , MD**
*Provider Gender:* Male
*License number*: C56033
*NPI:* 1144373408
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PINEDO, YANELI, CSW**
*Provider Gender:* Male
*License number*: 91103
*NPI:* 1710361712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**QUIROZ, NORMA, MFT**
*Provider Gender:* Female
*License number*: 50504
*NPI:* 1902945199
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RABBAN, DIANA, CSW**
*Provider Gender:* Female
*License number*: 72987
*NPI:* 1033426374
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**RADOJEVIC, NATASHA, PSY**
*Provider Gender:* Female
*License number*: PSYD28495
*NPI:* 1821365008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**RADOJEVIC, NATASHA, PSY**
*Provider Gender:* Female
*License number*: PSYD28495
*NPI:* 1821365008
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**RAHMANKHAH, SOUDABEH, PSY**
*Provider Gender:* Female
*License number*: 30875
*NPI:* 1942523691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish

*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**RAMIREZ, LORIEN, CSW**
*Provider Gender:* Male
*License number*: 88678
*NPI:* 1356906259
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese,

Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**REED, STEPHANIE, NPA**
*Provider Gender:* Female
*License number*: 95015647
*NPI:* 1396358024
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**REGHABI, NASEEM, PSY**
*Provider Gender:* Female
*License number*: 21940
*NPI:* 1225573421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**REID, EMILY, NPA**
*Provider Gender:* Female
*License number*: 95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No

*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**REID, EMILY, NPA**
*Provider Gender:* Female
*License number*: 95002766
*NPI:* 1083081467
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**RENE, RACHELLE, PSY**
*Provider Gender:* Female
*License number*: 23993
*NPI:* 1629108188
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**RENTERIA, SABRINA, MD**
*Provider Gender:* Female
*License number*: A145894
*NPI:* 1285029421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**RINGEL, BRENDA L , MD**
*Provider Gender:* Female
*License number*: A65800
*NPI:* 1689869976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
EXODUS RECOVERY, INC.
2950 EL CAJON BLVD STE 4
SAN DIEGO, CA 92104-1205
*Phone:* (619) 528-1752
*Fax:* (619) 528-1756
*After Hours Phone:* (619) 528-1752
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-4:30PM

**ROBITZ, RACHEL A , MD**
*Provider Gender:* Female
*License number*: A127641
*NPI:* 1700140159
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**RODENMEYER, EVE, CSW**
*Provider Gender:* Female
*License number*: 95019971
*NPI:* 1225782022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**RODENMEYER, EVE, CSW**
*Provider Gender:* Female
*License number*: 95019971
*NPI:* 1225782022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**RODENMEYER, EVE, CSW**
*Provider Gender:* Female
*License number*: 95019971
*NPI:* 1225782022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSE, RICHARD S , MD**
*Provider Gender:* Male
*License number*: G21963
*NPI:* 1033206552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SENIOR MEDICAL ASSOCIATES INC
2810 CAMINO DEL RIO S STE 102
SAN DIEGO, CA 92108-3819

*Phone:* (619) 299-1419
*Fax:* (858) 461-6008
*After Hours Phone:* (619) 299-1419
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SALGUERO GALLAND, MARIO L , MD**
*Provider Gender:* Male
*License number*: A122101
*NPI:* 1487947826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish

*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SALGUERO GALLAND, MARIO L , MD**
*Provider Gender:* Male
*License number*: A122101
*NPI:* 1487947826
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SANGHADIA, MUKESH, MD**
*Provider Gender:* Male
*License number*: C56113
*NPI:* 1366550246
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 398-2156
*Fax:* (619) 398-2165
*After Hours Phone:* (619) 398-2156
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions

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*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SCHANOWITZ, JEFF Y , PSY**
*Provider Gender:* Male
*License number*: 20362
*NPI:* 1679683007
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SCHANOWITZ, JEFF
2525 CAMINO DEL RIO S STE 245
SAN DIEGO, CA 92108-3775
*Phone:* (619) 252-3713
*Fax:* (619) 810-0620
*After Hours Phone:* (619) 252-3713
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-SU 8AM-8PM

**SCOTT, KELLY, NPA**
*Provider Gender:* Female

*License number*: 95015026
*NPI:* 1013420801
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2630 1ST AVE
SAN DIEGO, CA 92103-6599
*Phone:* (619) 234-2158
*Fax:* (619) 234-1979
*After Hours Phone:* (619) 234-2158
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

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# J. Directorio de proveedores de salud mental

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

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*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SHAFFER, ALEXA, CSW**
*Provider Gender:* Female
*License number*: 101129
*NPI:* 1962905927
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**SHEARED, JORDAN S , CSW**
*Provider Gender:* Female
*License number*: ASW74739
*NPI:* 1699121749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female

*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**SINNO, BASSAM, MD**
*Provider Gender:* Male
*License number*: C37831
*NPI:* 1982767893
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female

*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SIPIN, ELVIRA P , CSW**
*Provider Gender:* Female
*License number*: LCS15308
*NPI:* 1477759892
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SMITH, STEPHANIE, PSY**
*Provider Gender:* Female

*License number*: 30779
*NPI:* 1346700325
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SOLTANI, MARYAM, MD**
*Provider Gender:* Female
*License number*: A139075
*NPI:* 1518372267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NESTOR COMMUNITY HEALTH CENTER
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,TU,TH 8AM-8PM, W,F 8AM-5PM, SA 8AM-12PM

**SOLTANI, MARYAM, MD**
*Provider Gender:* Female
*License number*: A139075
*NPI:* 1518372267
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**SPAHR, CHRISTIE C , MFT**
*Provider Gender:* Female
*License number*: 51792
*NPI:* 1295085736
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**SPAHR, CHRISTIE C , MFT**
*Provider Gender:* Female
*License number*: 51792
*NPI:* 1295085736
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**SPAHR, CHRISTIE C , MFT**
*Provider Gender:* Female
*License number*: 51792
*NPI:* 1295085736
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SPINELLI, LAUREN, CSW**
*Provider Gender:* Female
*License number*: 82862
*NPI:* 1437630787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**SPINELLI, LAUREN, CSW**
*Provider Gender:* Female
*License number*: 82862
*NPI:* 1437630787
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**STEVENSON, MARC E , CSW**
*Provider Gender:* Male
*License number*: 70064
*NPI:* 1356795637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**STRAUSS, KATHLEEN L , PSY**
*Provider Gender:* Female
*License number*: 15765
*NPI:* 1154362184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
STRAUSS, KATHLEEN
3914 3RD AVE
SAN DIEGO, CA 92103-3003
*Phone:* (619) 291-4808
*Fax:* (619) 291-4426
*After Hours Phone:* (619) 291-4808
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No

*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**SUHIR, ERIN, NPA**
*Provider Gender:* Female
*License number*: 95008203
*NPI:* 1528426947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609
*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SUHIR, ERIN, NPA**
*Provider Gender:* Female
*License number*: 95008203
*NPI:* 1528426947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**SULLIVAN, JOHN P , MD**
*Provider Gender:* Male
*License number*: A106680
*NPI:* 1851597389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SULLIVAN, JOHN P , MD**
*Provider Gender:* Male
*License number*: A106680
*NPI:* 1851597389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SULLIVAN, JOHN P , MD**
*Provider Gender:* Male

*License number*: A106680
*NPI:* 1851597389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SULLIVAN, JOHN P , MD**
*Provider Gender:* Male
*License number*: A106680
*NPI:* 1851597389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**SULLIVAN, JOHN P , MD**
*Provider Gender:* Male
*License number*: A106680
*NPI:* 1851597389
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**SWEENEY, ZSA ZSA, NPA**
*Provider Gender:* Female
*License number*: 95007730
*NPI:* 1003159344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**SWEENEY, ZSA ZSA, NPA**
*Provider Gender:* Female
*License number*: 95007730
*NPI:* 1003159344
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1609

*Phone:* (619) 285-7097
*Fax:* (619) 564-8140
*After Hours Phone:* (619) 285-7097
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**SWIFT, SOUZAN, PSY**
*Provider Gender:* Female
*License number*: 30933
*NPI:* 1770918898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TAYLOR, TASHA K , MD**
*Provider Gender:* Female
*License number*: A82187
*NPI:* 1528144433
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**THANH, ELAINE, MD**
*Provider Gender:* Female
*License number*: NP95019446
*NPI:* 1215696307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**THAYER, LESLIE J , PSY**
*Provider Gender:* Female
*License number*: 27726
*NPI:* 1316004914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:*
COUNTY OF SAN DIEGO
1250 MORENA BLVD # FL1
SAN DIEGO, CA 92110-3815
*Phone:* (619) 692-8750
*Fax:* (619) 692-8779
*After Hours Phone:* (619) 692-8750
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi, French, Russian, Spanish
*TDD:* No
*Min/Max Age:* 19/64
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:*

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOMAS, DALIA M , CSW**
*Provider Gender:* Female
*License number*: LCSW82132
*NPI:* 1104151372
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869

*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**THOUVENOT, CHELSA, MD**
*Provider Gender:* Female
*License number*: A173869
*NPI:* 1083076129
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TIMONY, THERESA, NPA**
*Provider Gender:* Female
*License number*: NP95007497
*NPI:* 1689818015
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST

SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD

SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TUCKER, MEGAN, PSY**
*Provider Gender:* Female
*License number*: 27333
*NPI:* 1861877516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
LA MAESTRA COMMUNITY HEALTH CENTERS
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

*Phone:* (619) 280-4213
*Fax:* (619) 281-6738
*After Hours Phone:* (619) 280-4213
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5:30PM

**VALENZUELA, GLORIA M , CSW**
*Provider Gender:* Female
*License number*: 22926
*NPI:* 1679653380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**VIERLING, SABRINA C , PSY**
*Provider Gender:* Female
*License number*: 26117
*NPI:* 1215288238
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4305 UNIVERSITY AVE
SAN DIEGO, CA 92105-1645
*Phone:* (858) 280-2058
*Fax:* (619) 563-0015
*After Hours Phone:* (858) 280-2058
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**WARREN, ANDREW, CSW**
*Provider Gender:* Male
*License number*: 99193
*NPI:* 1073823829
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish,

Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEEDEN, MIRIAN, MFT**
*Provider Gender:* Female
*License number*: LMFT94339
*NPI:* 1821364712
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**WEST, ALIXANDRA, CSW**
*Provider Gender:* Female
*License number*: 99311
*NPI:* 1619375649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**WEST, ALIXANDRA, CSW**
*Provider Gender:* Female
*License number*: 99311
*NPI:* 1619375649
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**WIENS, KATHRYN, PSY**
*Provider Gender:* Female
*License number*: 27115
*NPI:* 1134470701
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC
1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
*Phone:* (619) 233-8500
*Fax:* (619) 687-1067
*After Hours Phone:* (619) 233-8500
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

**WIGLE, CHARLES E , MFT**
*Provider Gender:* Male
*License number*: MFC29757
*NPI:* 1407911878
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WIJAYARATNE, IMANIE S , PSY**
*Provider Gender:* Female
*License number*: 25044
*NPI:* 1932358355
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Sinhala, Sinhalese
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**WILHOIT, LAURA, PSY**
*Provider Gender:* Female
*License number*: 26656
*NPI:* 1649497637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
995 GATEWAY CENTER WAY
SAN DIEGO, CA 92102-4500
*Phone:* (619) 398-2156
*Fax:* (619) 398-2165
*After Hours Phone:* (619) 398-2156
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**WILHOIT, LAURA, PSY**
*Provider Gender:* Female
*License number*: 26656
*NPI:* 1649497637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
928 BROADWAY
SAN DIEGO, CA 92101-5514
*Phone:* (619) 977-3716
*Fax:* (619) 481-3075
*After Hours Phone:* (619) 977-3716
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-4:30PM

**WILLIAMS, SHANTRICE M , NPA**
*Provider Gender:* Female
*License number*: 19664
*NPI:* 1578865549
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**WILSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: 94855
*NPI:* 1033576400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WINGFIELD, CAROLYN, PSY**
*Provider Gender:* Female
*License number*: 28716
*NPI:* 1013316520
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
ACCESS PSYCHOLOGY SERVICES, PC
750 B ST STE 2870
SAN DIEGO, CA 92101-8132
*Phone:* (619) 722-0014
*Fax:* (619) 327-4174
*After Hours Phone:* (619) 722-0014
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female

*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 445-6200
*Fax:* (619) 824-9076
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
316 25TH ST
SAN DIEGO, CA 92102-3016
*Phone:* (619) 445-6200
*Fax:* (619) 238-5551
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WITKOWSKI, TARYN, CSW**
*Provider Gender:* Female
*License number*: 103293
*NPI:* 1407276694
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770

*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLFE, TINA L , PSY**
*Provider Gender:* Female
*License number*: PSY28694
*NPI:* 1346398922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
*Phone:* (619) 445-6200
*Fax:* (619) 824-9076
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**
*Provider Gender:* Female
*License number*: PSY28694
*NPI:* 1346398922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
316 25TH ST
SAN DIEGO, CA 92102-3016

*Phone:* (619) 445-6200
*Fax:* (619) 238-5551
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:*

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOOLLEY, LAUREN, PSY**
*Provider Gender:* Female
*License number*: 23740
*NPI:* 1952785784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342
*Phone:* (858) 810-8787
*Fax:* (858) 279-0377
*After Hours Phone:* (858) 810-8787
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

**WOOLLEY, LAUREN, PSY**
*Provider Gender:* Female
*License number*: 23740
*NPI:* 1952785784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
4290 POLK AVE
SAN DIEGO, CA 92105-1524
*Phone:* (619) 563-0250
*Fax:* (619) 563-0015
*After Hours Phone:* (619) 563-0250
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Vietnamese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**WOOLLEY, LAUREN, PSY**
*Provider Gender:* Female
*License number*: 23740
*NPI:* 1952785784
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
SAN DIEGO FAMILY CARE
7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
*Phone:* (858) 810-8700
*Fax:* (858) 633-4680
*After Hours Phone:* (858) 810-8700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:*

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAPATEL, JUAN PABLO, CSW**
*Provider Gender:* Male
*License number*: 78174
*NPI:* 1043446644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
SAN YSIDRO HEALTH CENTER
950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:* (619) 662-4100
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1963 4TH AVE
SAN DIEGO, CA 92101-2394
*Phone:* (619) 233-3432
*Fax:* (619) 233-7022
*After Hours Phone:* (619) 233-3432
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
892 27TH ST
SAN DIEGO, CA 92154-1444
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
743 10TH AVE
SAN DIEGO, CA 92101-6673
*Phone:* (619) 239-4663
*Fax:* (619) 239-3045
*After Hours Phone:* (619) 239-4663
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:*

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1465 30TH ST STE K
SAN DIEGO, CA 92154-3497
*Phone:* (619) 275-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 275-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**ZARANKOW, BEATA, MD**
*Provider Gender:* Female
*License number*: C53656
*NPI:* 1902995384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COMMUNITY RESEARCH FOUNDATION INC
1568 6TH AVE
SAN DIEGO, CA 92101-3216
*Phone:* (619) 696-0822
*Fax:* (619) 696-9573
*After Hours Phone:* (619) 696-0822
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-6PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
*Phone:* (619) 515-2338
*Fax:* (619) 702-8535
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-TH 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
2204 NATIONAL AVE
SAN DIEGO, CA 92113-3615
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
5454 EL CAJON BLVD
SAN DIEGO, CA 92115-3621
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4065 3RD AVE
SAN DIEGO, CA 92103-2184
*Phone:* (619) 515-2300
*Fax:*
*After Hours Phone:* (619) 515-2300
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:*

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103-2143
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, German, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-W,F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4874 POLK AVE
SAN DIEGO, CA 92105-2026
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3544 30TH ST
SAN DIEGO, CA 92104-4120
*Phone:* (619) 515-2424
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2424
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
140 ELM ST
SAN DIEGO, CA 92101-2602
*Phone:* (619) 515-2520
*Fax:*
*After Hours Phone:* (619) 515-2520
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
4725 MARKET ST
SAN DIEGO, CA 92102-4715
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZUREK, BEDEANIA R , CSW**
*Provider Gender:* Female
*License number*: LCSW74215
*NPI:* 1942375811
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NESTOR COMMUNITY HEALTH CENTER
1016 OUTER RD
SAN DIEGO, CA 92154-1351
*Phone:* (619) 429-3733
*Fax:* (619) 628-5550
*After Hours Phone:* (619) 429-3733
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Hours:* M,TU,TH 8AM-8PM, W,F 8AM-5PM, SA 8AM-12PM

## SAN MARCOS

**AKANDE, ADERONKE, NPA**
*Provider Gender:* Female
*License number*: 21597
*NPI:* 1083980247
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**ALTAMIRANO, LEON, PSY**
*Provider Gender:* Male
*License number*: 23734
*NPI:* 1619271517
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**BUCHMANN, RYAN D , MFT**
*Provider Gender:* Male
*License number*: 50774
*NPI:* 1063639102
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BUCHMANN, RYAN (1063639102)
330 RANCHEROS DR STE 222
SAN MARCOS, CA 92069-2940
*Phone:* (760) 566-8760
*Fax:* (760) 820-2461
*After Hours Phone:* (760) 566-8760
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 13/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* TU-F 10AM-6PM, SA 1PM-5PM

**CAI, SHEILA X , MD**
*Provider Gender:* Female
*License number*: C149845
*NPI:* 1780625012
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female
*License number*: 28053
*NPI:* 1265613715
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**CHENG, JIM, NPA**
*Provider Gender:* Male
*License number*: 22852
*NPI:* 1790122638
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**COOK, SHERYL G , PSY**
*Provider Gender:* Female
*License number*: 15449
*NPI:* 1750420816
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**CORNER, EMILY, MFT**
*Provider Gender:* Female
*License number*: 102353
*NPI:* 1093225823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**CORTIZO, ROSA, PSY**
*Provider Gender:* Female
*License number*: 22278
*NPI:* 1952316648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**ESPOSITO, NICOLE E , MD**
*Provider Gender:* Female
*License number*: A91107
*NPI:* 1497880579
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**FLYNN (NEWMAN), DANIELLE I , PSY**
*Provider Gender:* U
*License number*: 26184
*NPI:* 1477785137
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**FREEMAN, WANDA, NPA**
*Provider Gender:* Female
*License number*: 95003903
*NPI:* 1659504264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973

*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**GEORGIEV, MARY JO C , PSY**
*Provider Gender:* Female
*License number*: 17954
*NPI:* 1518996875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**HARDIN INGRAM, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 28677
*NPI:* 1801947692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**JENSEN, BRIAN M , PSY**
*Provider Gender:* Male
*License number*: 26041
*NPI:* 1518138049
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**KOGOUT, OXANA A , NPA**
*Provider Gender:* Female
*License number*: 95004052
*NPI:* 1477910214
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**KRAPES, MICHAEL B , PSY**
*Provider Gender:* Male
*License number*: 25077
*NPI:* 1215233028
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**MONTEZ, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 26869
*NPI:* 1396047809
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**SIMMONS, LILIANA C , NPA**
*Provider Gender:* Female
*License number*: 177800
*NPI:* 1396113254
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**SIMMONS, SUZANNE, NPA**
*Provider Gender:* Female
*License number*: 95016129
*NPI:* 1245733450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**SIMPSON, ERIC, PSY**
*Provider Gender:* Male
*License number*: 28885
*NPI:* 1710110416
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**SUNDER, RAJAGOPAL K , MD**
*Provider Gender:* Male
*License number*: 94223
*NPI:* 1972572824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hindi
*Cultural Competency:*
COGNITIVE HEALTH SOLUTIONS INC
960 W SAN MARCOS BLVD
SAN MARCOS, CA 92078-1100
*Phone:* (858) 227-0887
*Fax:* (858) 430-9611
*After Hours Phone:* (858) 227-0887
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Russian
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-6PM

**TAYLOR, CORRDERO A , CSW**
*Provider Gender:* Male
*License number*: 71284
*NPI:* 1346501533
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**TORRES, HECTOR M , PSY**
*Provider Gender:* Male
*License number*: 13309
*NPI:* 1720265614
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
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*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**WALKER, SHAYNA T , MD**
*Provider Gender:* Female
*License number*: A107393
*NPI:* 1760688295
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
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*After Hours Phone:* (760) 736-6700
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

**WELCH, MEGAN, MFT**
*Provider Gender:* Female
*License number*: 113763
*NPI:* 1689117400
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
NORTH COUNTY HEALTH SERVICES
150 VALPREDA RD
SAN MARCOS, CA 92069-2973
*Phone:* (760) 736-6700
*Fax:* (760) 736-6753
*After Hours Phone:* (760) 736-6700
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

## SANTEE

**BARMAK, SHANT, PSY**
*Provider Gender:* Male
*License number*: 24998
*NPI:* 1235408972
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Armenian
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**CHAMBERS, NICOLE, PSY**
*Provider Gender:* Female
*License number*: PSY30966
*NPI:* 1821297029
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**
*Provider Gender:* Female
*License number*: PSY24350

*NPI:* 1013071497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**
*Provider Gender:* Female
*License number*: 23787
*NPI:* 1437312097
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**SWARTZ, SUSAN V , MFT**
*Provider Gender:* Female
*License number*: 42894
*NPI:* 1265550362
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**
*Provider Gender:* Male
*License number*: 6795
*NPI:* 1396904850
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801
*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**
*Provider Gender:* Female
*License number*: PSY28694
*NPI:* 1346398922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC
120 TOWN CENTER PKWY
SANTEE, CA 92071-5801

*Phone:* (619) 445-6200
*Fax:* (619) 873-3476
*After Hours Phone:* (619) 445-6200
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Armenian
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

## SPRING VALLEY

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**
*Provider Gender:* Female
*License number*: 29990
*NPI:* 1699840587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**
*Provider Gender:* Female
*License number*: 74440
*NPI:* 1306151998
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**AGUIRRE, WENDY, CSW**
*Provider Gender:* Female
*License number*: 74219
*NPI:* 1205946282
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**
*Provider Gender:* Male
*License number*: G36206
*NPI:* 1457371635
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ALVAREZ, DIANA P , CSW**
*Provider Gender:* Female
*License number*: 81025
*NPI:* 1013200617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ANDERSON, NICOLE M , CSW**
*Provider Gender:* Female
*License number*: LCSW28443
*NPI:* 1679766380
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ARAGON, DARINKA M , MD**
*Provider Gender:* Female
*License number*: A139241
*NPI:* 1114347291
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*After Hours Phone:* (619) 515-2338
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W

1PM-5PM

**ARIELLA, LYNDA R , PSY**
*Provider Gender:* Female
*License number*: 19450
*NPI:* 1073518965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ASH, VIVIAN, CSW**
*Provider Gender:* Female
*License number*: 14619
*NPI:* 1033623293
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ASUNCION, JENNIFER, CSW**
*Provider Gender:* Male
*License number*: LCSW75956
*NPI:* 1083056279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ATALLAH, HANI M , MD**
*Provider Gender:* Male
*License number*: 132530
*NPI:* 1104169655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**
*Provider Gender:* Male
*License number*: 24707
*NPI:* 1699007609
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**AVILA, RADOMIR M , CSW**
*Provider Gender:* Male
*License number*: 75520
*NPI:* 1487937330
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**
*Provider Gender:* Male
*License number*: 90529
*NPI:* 1194159871
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**
*Provider Gender:* Female
*License number*: 86542
*NPI:* 1720339708
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**
*Provider Gender:* Female
*License number*: 76466
*NPI:* 1558659797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BERKSON, BARRIE, CSW**
*Provider Gender:* Female
*License number*: 63313
*NPI:* 1922305465
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Fax:* (619) 702-8536
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**
*Provider Gender:* Female
*License number*: 20A11387
*NPI:* 1639308265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BOND, ALAN, PSY**
*Provider Gender:* Male
*License number*: PSY25805
*NPI:* 1881927184
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BORREGO, DIANA E , NPA**
*Provider Gender:* Female
*License number*: 95005019
*NPI:* 1184012866
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUBY, MYRA, CSW**
*Provider Gender:* Female
*License number*: 23172
*NPI:* 1093747511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**BURGOS, EDNA, CSW**
*Provider Gender:* Female
*License number*: 85597
*NPI:* 1134591167
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**
*Provider Gender:* Female
*License number*: 65477
*NPI:* 1346615838
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**
*Provider Gender:* Male
*License number*: A71653
*NPI:* 1033133483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CARDENAS, ALONSO, MD**
*Provider Gender:* Male
*License number*: A137940
*NPI:* 1811212145
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARILLO, KRYSTAL I , CSW**
*Provider Gender:* Female
*License number*: 80068
*NPI:* 1871906735
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA, PSY**
*Provider Gender:* Female
*License number*: 28073
*NPI:* 1629109483
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CASTELLANOS, TERESITA D , CSW**
*Provider Gender:* Female
*License number*: 82782
*NPI:* 1598165441
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**
*Provider Gender:* Female
*License number*: LMFT40923
*NPI:* 1811027956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CHRISTENSEN, MELISSA, CSW**
*Provider Gender:* Female
*License number*: 69616
*NPI:* 1922313394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**COMBS, LAURI, CSW**
*Provider Gender:* Female
*License number*: LCSW75330
*NPI:* 1538398979
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**CROCKFORD, DANE, PSY**
*Provider Gender:* Male
*License number*: 28313
*NPI:* 1780031831
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DALONSO, SANDRA L , CSW**
*Provider Gender:* Female
*License number*: 82240
*NPI:* 1841797644
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DAN, WENDY L , CSW**
*Provider Gender:* Female
*License number*: 26015
*NPI:* 1700224037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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SPRING VALLEY, CA
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DIAZ, LIZETH, CSW**
*Provider Gender:* Female
*License number*: 97277
*NPI:* 1124457023

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**DOBOS, DAVID, MD**
*Provider Gender:* Male
*License number*: G57276
*NPI:* 1548318348
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DRISCOLL, MICHAEL S , CSW**
*Provider Gender:* Male
*License number*: 93951
*NPI:* 1659761880
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

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**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
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**DUNFORD, KATELYN C , MFT**
*Provider Gender:* Female
*License number*: 126626
*NPI:* 1437517497
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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**DWYER, GEORGE, CSW**
*Provider Gender:* Male
*License number*: 70988
*NPI:* 1437606126
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for

Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ERBE, EDWARD J , MD**
*Provider Gender:* Male
*License number*: G76886
*NPI:* 1952318289
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M , CSW**
*Provider Gender:* Female
*License number*: 87322
*NPI:* 1215342118
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**
*Provider Gender:* Female
*License number*: A164677
*NPI:* 1912404492
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**
*Provider Gender:* Female
*License number*: 19815
*NPI:* 1134147457
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Website:*
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**
*Provider Gender:* Male
*License number*: 71548
*NPI:* 1952736043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**FUKUI, TOMONORI, MD**
*Provider Gender:* Male
*License number*: 75713
*NPI:* 1366519670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese, Spanish
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**
*Provider Gender:* Female
*License number*: 16711
*NPI:* 1174646301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GAUD, KRISTINA G , MD**
*Provider Gender:* Female
*License number*: 170667
*NPI:* 1508151598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GLASSMAN, JAGA NATH, MD**
*Provider Gender:* Male
*License number*: G55004
*NPI:* 1558409771
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GLEASON, SHEILA, PSY**
*Provider Gender:* Female
*License number*: 13685
*NPI:* 1366641813
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**
*Provider Gender:* Female
*License number*: 83254
*NPI:* 1821487406
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**
*Provider Gender:* Female
*License number*: 97593
*NPI:* 1326346198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GOTTUNG, CHRISTINA, CSW**
*Provider Gender:* Female
*License number*: 87716
*NPI:* 1134597123
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**
*Provider Gender:* Female
*License number*: 86166
*NPI:* 1356749949
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**GUZMAN, KENIA, MFT**
*Provider Gender:* Female
*License number*: 77167
*NPI:* 1427326776
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**HARRIMAN, CORAL, PSY**
*Provider Gender:* Female
*License number*: 26098
*NPI:* 1417373069
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**
*Provider Gender:* Female
*License number*: PSY19313
*NPI:* 1366951105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**HEDMAN, TERI LEE, CSW**
*Provider Gender:* U
*License number*: 74947
*NPI:* 1154811636
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**
*Provider Gender:* Female
*License number*: 26598
*NPI:* 1134401805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**HUBER, REBECCA, MD**
*Provider Gender:* Female
*License number*: A133711
*NPI:* 1174960686
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**HUDSON, KATE, CSW**
*Provider Gender:* Female
*License number*: 83712
*NPI:* 1194159384
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ISHIDA, YO, CSW**
*Provider Gender:* Female
*License number*: 29526
*NPI:* 1225154081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JACKSON, TIENNA S , CSW**
*Provider Gender:* Female
*License number*: 89122
*NPI:* 1194976225
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JALAN, DEVESH, MD**
*Provider Gender:* Male
*License number*: A167754
*NPI:* 1083092134
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JAMES, CHRISTINE E , MD**
*Provider Gender:* Female
*License number*: 20A13931
*NPI:* 1679834022
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030

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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JASSO-RAMIREZ, MARTHA, CSW**
*Provider Gender:* Female
*License number*: 26493
*NPI:* 1871772020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JENSEN, DEXTER, MD**
*Provider Gender:* Male
*License number*: A67960
*NPI:* 1740465541
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**
*Provider Gender:* Female
*License number*: 25311
*NPI:* 1558602490
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*

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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JONES, ATAVIA L , CSW**
*Provider Gender:* Female
*License number*: LCSW76796
*NPI:* 1952734899
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**JONES, MICHAEL A , CSW**
*Provider Gender:* Male
*License number*: LCS22452
*NPI:* 1548205719
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449

*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**KAPPER, VICTORIA, CSW**
*Provider Gender:* Female
*License number*: 100449
*NPI:* 1801349014
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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**KEI, JUSTIN, MD**
*Provider Gender:* Male
*License number*: A138266
*NPI:* 1396150041
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
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**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**KLOBERDANZ, KELSEY L , NPA**
*Provider Gender:* Female
*License number*: 95005293
*NPI:* 1235672502
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
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**KNIGHT, MARK A , MD**
*Provider Gender:* Male
*License number*: A94460
*NPI:* 1851573554
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*American Sign Language (ASL):* Yes
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**KOH, STEVE H , MD**
*Provider Gender:* Male
*License number*: A103468
*NPI:* 1467650473
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**KYLE, MARCIE, CSW**
*Provider Gender:* Female
*License number*: LCSW78555
*NPI:* 1174981500
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**
*Provider Gender:* Female
*License number*: 83136
*NPI:* 1275905622
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIDSTONE, PAVEN, MD**
*Provider Gender:* Female
*License number*: 161149
*NPI:* 1942662093
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**LIM, SANDRA S , MD**
*Provider Gender:* Female
*License number*: 20A13075
*NPI:* 1083963094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**LIPPERT, HEATHER M , CSW**
*Provider Gender:* Female
*License number*: 22526
*NPI:* 1093991663
*Provider English Spoken:* Yes
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LOEB, CINDY, CSW**
*Provider Gender:* Female
*License number*: 75333
*NPI:* 1619108511
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**LYDIARD, JESSICA, MD**
*Provider Gender:* Female
*License number*: A171775
*NPI:* 1841731296
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**LYONS, KEITH E , CSW**
*Provider Gender:* Male
*License number*: 92724
*NPI:* 1538704002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MACMASTER, LINDSAY, PSY**
*Provider Gender:* Female
*License number*: 25570
*NPI:* 1659520179
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
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*Fax:* (619) 702-8536
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MAHONEY, PATRICIA A , CSW**
*Provider Gender:* Female
*License number*: 22296
*NPI:* 1700200888
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MAIETTA, KATHLEEN H , CSW**
*Provider Gender:* Female
*License number*: 88399
*NPI:* 1487128617
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**
*Provider Gender:* Female
*License number*: 73174
*NPI:* 1356528434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MCADAMS, HILDA, NPA**
*Provider Gender:* Female
*License number*: 14201
*NPI:* 1396838082
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**MCDANIEL, REBECCA, CSW**
*Provider Gender:* Female
*License number*: 86534
*NPI:* 1518623818
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
American Sign Language
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**MCHENRY, KELLY, CSW**
*Provider Gender:* Female
*License number*: 29689
*NPI:* 1851544340
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
American Sign Language
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MEJIA, RITA I , MFT**
*Provider Gender:* Female
*License number*: 99697
*NPI:* 1952741506
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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SPRING VALLEY, CA 91977-4035
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*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**
*Provider Gender:* Male
*License number*: 28907
*NPI:* 1841482692
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**
*Provider Gender:* Female
*License number*: 79014
*NPI:* 1639403884
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**MILLICAN, RUTH, PSY**
*Provider Gender:* Female
*License number*: 25354
*NPI:* 1346472305
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
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**MODAD, ALBERT, PSY**
*Provider Gender:* Female
*License number*: 29697
*NPI:* 1629453691
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MORALES MORENO, MINERVA, CSW**
*Provider Gender:* Female
*License number*: 63550
*NPI:* 1841337565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**
*Provider Gender:* Male
*License number*: A144917
*NPI:* 1912391814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Japanese
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**MUNOZ, VIVIANA, CSW**
*Provider Gender:* Female
*License number*: 66637
*NPI:* 1497987713
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**
*Provider Gender:* Female
*License number*: 25094
*NPI:* 1275609760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**
*Provider Gender:* Female
*License number*: PSY32092
*NPI:* 1326648684
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female
*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**
*Provider Gender:* Female

*License number*: 27670
*NPI:* 1942433917
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Farsi
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
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American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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*Hours:* M-F 8:30AM-5PM

**NWANGANGA, OKECHUKU R , CSW**
*Provider Gender:* Male
*License number*: 27072
*NPI:* 1285984450
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes

# J. Directorio de proveedores de salud mental

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*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**OBRYAN, KELLY, PSY**
*Provider Gender:* Female
*License number*: 24966
*NPI:* 1093882698
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
*NPI:* 1215015227
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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**OHARA, FELECIA, CSW**
*Provider Gender:* Female
*License number*: 73903
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*American Sign Language (ASL):* Yes
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**OLIVER, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 66862
*NPI:* 1326296351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
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**OMORODIN, AISHA, MD**
*Provider Gender:* Female
*License number*: A169651
*NPI:* 1629500301
*Provider English Spoken:* Yes
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*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**
*Provider Gender:* Female
*License number*: 95004145
*NPI:* 1932566031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**PRESLEY, ARNOLD S , PSY**
*Provider Gender:* Male
*License number*: 23795
*NPI:* 1205017688
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
CONCEPT HEALTHCARE PSYCHOLOGY GROUP
325 KEMPTON ST
SPRING VALLEY, CA 91977-5810
*Phone:* (866) 284-0482
*Fax:* (888) 977-1204
*After Hours Phone:* (866) 284-0482
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**PROCTOR, MELISSA S , CSW**
*Provider Gender:* Female
*License number*: 62650
*NPI:* 1336188655
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**PROOSASELTS, YULIYA, MD**
*Provider Gender:* Female
*License number*: A133675
*NPI:* 1952747875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**
*Provider Gender:* Female
*License number*: 73374
*NPI:* 1992046890
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
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*Accepting New Patients:* Yes
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*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**RODRIGUEZ, CHRISTINE, PSY**
*Provider Gender:* Female
*License number*: 30472
*NPI:* 1568656619
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ROSENFARB, BARBARA, CSW**
*Provider Gender:* Female
*License number*: 28590
*NPI:* 1447477781
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO

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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**ROZELL, KATHY, CSW**
*Provider Gender:* Female
*License number*: 25068
*NPI:* 1578603973
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**RYDALCH, JOANNA, CSW**
*Provider Gender:* Female
*License number*: 904009322
*NPI:* 1215256870
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**SACHS, MELISSA R , CSW**
*Provider Gender:* Female
*License number*: 76968
*NPI:* 1649760356
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SAMADI, ESTHER, MD**
*Provider Gender:* Female
*License number*: A113657
*NPI:* 1396986204
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
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*Website:*
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929
*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SATERA, ANDREW, NRS**
*Provider Gender:* Male
*License number*: 95018929

*NPI:* 1265861629
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**
*Provider Gender:* Male
*License number*: A113283
*NPI:* 1306165402
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**SIMPSON, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 82678
*NPI:* 1740765866
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**
*Provider Gender:* U
*License number*: 45174
*NPI:* 1508993122
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**
*Provider Gender:* U
*License number*: 87601
*NPI:* 1205294543
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Site Language(s) Spoken:*
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
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*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**
*Provider Gender:* Female
*License number*: 21573
*NPI:* 1437354875
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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www.beaconhealthoptions.com
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*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**THIESSEN, BRUCE L , PSY**
*Provider Gender:* Male
*License number*: 14259
*NPI:* 1841541984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TONG, GARRICK, MD**
*Provider Gender:* Male
*License number*: A102192
*NPI:* 1831361278
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Yue Chinese
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**TORRES, LAURA, CSW**
*Provider Gender:* Female
*License number*: 65059
*NPI:* 1568612943
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**
*Provider Gender:* Female
*License number*: 88589
*NPI:* 1073844460
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**TROYER, EMILY, PSY**
*Provider Gender:* Female
*License number*: A149101
*NPI:* 1326484437
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**WAUGH, BRANDON, CSW**
*Provider Gender:* Male
*License number*: 83457
*NPI:* 1619459187
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338

*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEAVER, JHOSMARA A , CSW**
*Provider Gender:* Female
*License number*: 77233
*NPI:* 1982848594
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
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*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**WEBSTER, KRISTIN K , CSW**
*Provider Gender:* Female
*License number*: LCSW16118
*NPI:* 1902336837
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030

*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**WINSHIP, KATHERINE L , CSW**
*Provider Gender:* Female
*License number*: LCSW69759
*NPI:* 1124498043
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
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SPRING VALLEY, CA 91977-4035
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**
*Provider Gender:* Female
*License number*: 15770
*NPI:* 1912263468
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA 91977-1030
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**WOLF, CELIA C , NPA**
*Provider Gender:* Female
*License number*: 95001899
*NPI:* 1245635564
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF

SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**
*Provider Gender:* Male
*License number*: NP95006887
*NPI:* 1417471459
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
3845 SPRING DR
SPRING VALLEY, CA
91977-1030
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**YALYSHAVA, VOLHA, CSW**
*Provider Gender:* Female
*License number*: LCSW69810
*NPI:* 1821392002
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Russian
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**
*Provider Gender:* Male
*License number*: A136760
*NPI:* 1508174970

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
FAMILY HEALTH CENTERS OF SAN DIEGO
8788 JAMACHA RD
SPRING VALLEY, CA 91977-4035
*Phone:* (619) 515-2338
*Fax:* (619) 702-8536
*After Hours Phone:* (619) 515-2338
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese
*TDD:* No
*Min/Max Age:* 0/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* Yes
Please contact provider for Accessibility information
*Hours:* M-F 8:30AM-5PM

## VISTA

**ACOSTA, AZUCENA, CSW**
*Provider Gender:* Female
*License number*: 98304
*NPI:* 1255937496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ACOSTA, AZUCENA, CSW**
*Provider Gender:* Female
*License number*: 98304
*NPI:* 1255937496
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**BERENSON, LAURIE E , PSY**
*Provider Gender:* Female
*License number*: 12568
*NPI:* 1104956556
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
BERENSON, LAURIE
450 S MELROSE DR STE 113
VISTA, CA 92081-6674
*Phone:* (760) 224-4333
*Fax:* (760) 301-0044
*After Hours Phone:* (760) 224-4333
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:* 19/99
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 9AM-5PM, TU 9AM-2:30PM, W,TH 9AM-4:30PM, F 1PM-4:30PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male

*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHAUDHRI, YASHWANT, MD**
*Provider Gender:* Male
*License number*: A67679
*NPI:* 1043258429
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Urdu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**CHRISTIANSON II, WARREN R , MD**
*Provider Gender:* Male
*License number*: 20A9664
*NPI:* 1932359445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CHRISTIANSON II, WARREN R , MD**
*Provider Gender:* Male
*License number*: 20A9664
*NPI:* 1932359445
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
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*Website:* www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W

8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**CRUZ, VANESSA, CSW**
*Provider Gender:* Female
*License number*: 87166
*NPI:* 1285170662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
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*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CRUZ, VANESSA, CSW**
*Provider Gender:* Female
*License number*: 87166
*NPI:* 1285170662
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
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VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**DEMALLIE, DIANE A , MD**
*Provider Gender:* Female
*License number*: 55982
*NPI:* 1437162898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**
*Provider Gender:* Female
*License number*: 55982
*NPI:* 1437162898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM,

F 8:30AM-12PM, SA 9AM-4PM

**DESOCIO, KAREN, CSW**
*Provider Gender:* Female
*License number*: 18451
*NPI:* 1497727820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**DESOCIO, KAREN, CSW**
*Provider Gender:* Female
*License number*: 18451
*NPI:* 1497727820
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DOUGHERTY, CHRISTINE, CSW**
*Provider Gender:* Female
*License number*: 26686
*NPI:* 1003194960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**DOUGHERTY, CHRISTINE, CSW**
*Provider Gender:* Female
*License number*: 26686
*NPI:* 1003194960
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GODINEZ, BRENDA, CSW**
*Provider Gender:* Female
*License number*: 88306
*NPI:* 1568918647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**GODINEZ, BRENDA, CSW**
*Provider Gender:* Female
*License number*: 88306
*NPI:* 1568918647
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J , CSW**
*Provider Gender:* Female
*License number*: LCSW86435
*NPI:* 1356777361
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
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*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**HALGEDAHL, YI TING, NPA**
*Provider Gender:* Female
*License number*: 95006826
*NPI:* 1619246907
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Mandarin, Chinese
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**JAGANNATH, NIRMALA, CSW**
*Provider Gender:* Female
*License number*: 23183
*NPI:* 1639687726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil, Telugu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**JAGANNATH, NIRMALA, CSW**
*Provider Gender:* Female
*License number*: 23183
*NPI:* 1639687726
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Tamil, Telugu
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**KONG, DARREN, CSW**
*Provider Gender:* Male
*License number*: 88493
*NPI:* 1447685078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Khmer
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**KONG, DARREN, CSW**
*Provider Gender:* Male
*License number*: 88493
*NPI:* 1447685078
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Khmer
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**MEYERHOF, GRETA, MFT**
*Provider Gender:* Female
*License number*: 32299
*NPI:* 1487196333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**MEYERHOF, GRETA, MFT**
*Provider Gender:* Female
*License number*: 32299
*NPI:* 1487196333
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**MILLS, DONNA M , MD**
*Provider Gender:* Female
*License number*: A51160
*NPI:* 1831115658
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**MILLS, DONNA M , MD**
*Provider Gender:* Female
*License number*: A51160
*NPI:* 1831115658
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**MOTAGHED, HENGAMEH, PSY**
*Provider Gender:* Female
*License number*: 12707
*NPI:* 1366550592
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Farsi
*Cultural Competency:*
MOTAGHED, HENGAMEH
550 W VISTA WAY STE 107
VISTA, CA 92083-5707
*Phone:* (858) 922-4959
*Fax:* (619) 294-8190
*After Hours Phone:* (858) 922-4959
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Farsi
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* W 8AM-8PM

**NAVA, PETER B , NPA**
*Provider Gender:* Male
*License number*: 95016584
*NPI:* 1689251571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NAVA, PETER B , NPA**
*Provider Gender:* Male
*License number*: 95016584
*NPI:* 1689251571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**NEVILLE, MARGARET, CSW**
*Provider Gender:* Female
*License number*: 82407
*NPI:* 1073682407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**NEVILLE, MARGARET, CSW**
*Provider Gender:* Female
*License number*: 82407
*NPI:* 1073682407
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**PLACEK, KAREL, MD**
*Provider Gender:* Male
*License number*: A42838
*NPI:* 1124127675
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Czech
*Cultural Competency:*
MENTAL HEALTH SYSTEMS INC
550 W VISTA WAY STE 407
VISTA, CA 92083-5714
*Phone:* (760) 758-1092
*Fax:* (760) 758-8481
*After Hours Phone:* (760) 758-1092
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Czech

*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 8AM-4:30PM

**RINGEL, BRENDA L , MD**
*Provider Gender:* Female
*License number*: A65800
*NPI:* 1689869976
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
EXODUS RECOVERY, INC.
524 W VISTA WAY
VISTA, CA 92083-5704
*Phone:* (760) 758-1150
*Fax:* (760) 758-1808
*After Hours Phone:* (760) 758-1150
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-F 9AM-5PM

**SANCHEZ, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 97093
*NPI:* 1609450451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SANCHEZ, ADRIANA, CSW**
*Provider Gender:* Female
*License number*: 97093
*NPI:* 1609450451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**SMITH, SONYA L , CSW**
*Provider Gender:* Female
*License number*: 82598
*NPI:* 1902070857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**SMITH, SONYA L , CSW**
*Provider Gender:* Female
*License number*: 82598
*NPI:* 1902070857
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**SWENSON, ING E , CSW**
*Provider Gender:* Male
*License number*: 28549
*NPI:* 1063680650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**SWENSON, ING E , CSW**
*Provider Gender:* Male
*License number*: 28549
*NPI:* 1063680650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILSON, CARLENE, CSW**
*Provider Gender:* Female
*License number*: 74685
*NPI:* 1508327081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No

Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

**WILSON, CARLENE, CSW**
*Provider Gender:* Female
*License number*: 74685
*NPI:* 1508327081
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ZAPPONE, ALIDA, CSW**
*Provider Gender:* Female
*License number*: 26061
*NPI:* 1154705598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
134 GRAPEVINE RD
VISTA, CA 92083-4004
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**ZAPPONE, ALIDA, CSW**
*Provider Gender:* Female
*License number*: 26061
*NPI:* 1154705598
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:*
VISTA COMMUNITY CLINIC
1000 VALE TERRACE DR
VISTA, CA 92084-5218
*Phone:* (760) 631-5000
*Fax:* (760) 414-3892
*After Hours Phone:* (760) 631-5000
*Website:*
www.beaconhealthoptions.com
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese
*TDD:* No
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

## ALPINE

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
1620 ALPINE BLVD STE 117
ALPINE, CA 91901-1103
*Phone:* (619) 445-2687
*Fax:* (619) 445-0801
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

## BONITA

**CHA, DANIEL D , OD**
*Provider Gender:* Male
*License number*: 14779
*NPI:* 1386078020
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
EYECARE OF BONITA
4502 BONITA RD
BONITA, CA 91902-1427
*Phone:* (619) 479-7334
*Fax:* (619) 475-3456
*After Hours Phone:*
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Korean, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M 8AM-6:30PM, W,F 8AM-6PM, TH 12:30PM-6PM, SA 9AM-2PM

**KIKUNAGA, HENRY E , OD**
*Provider Gender:* Male
*License number*: 13186
*NPI:* 1841406394
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
BONITA POINT FAMILY OPTOMETRY
180 OTAY LAKES RD STE 201
BONITA, CA 91902-2400
*Phone:* (619) 267-9900
*Fax:* (619) 267-9910
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Japanese, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM

**PACK, ALYSSA, OD**
*Provider Gender:* Female
*License number*: 34608
*NPI:* 1750991220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
BONITA POINT FAMILY OPTOMETRY
180 OTAY LAKES RD STE 201
BONITA, CA 91902-2400
*Phone:* (619) 267-9900
*Fax:* (619) 267-9910
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Japanese, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM

**TRAJANO, CHARMINE D , OD**
*Provider Gender:* Female
*License number*: 14993
*NPI:* 1699183673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* Yes
BONITA POINT FAMILY OPTOMETRY
180 OTAY LAKES RD STE 201
BONITA, CA 91902-2400
*Phone:* (619) 267-9900
*Fax:* (619) 267-9910
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Japanese, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-TH 8AM-5PM, F 8AM-4PM, SA 8AM-12PM

## CAMPO

**YANG, HARRISON H , OD**
*Provider Gender:* Male
*License number*: 33964
*NPI:* 1053806307
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
SAN YSIDRO HEALTH
1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906-2028
*Phone:* (619) 662-4100
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-5PM

## CARLSBAD

**MORGAN, HUNTER, OD**
*Provider Gender:* Male
*License number*: 34799
*NPI:* 1023547221
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
BEYOND VISION CENTER OPTOMETRY, INC.
6949 EL CAMINO REAL STE 105
CARLSBAD, CA 92009-4140
*Phone:* (760) 438-2020
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM

**RAJADHYKSHA, SALOMI, OD**
*Provider Gender:* Female
*License number*: 34821
*NPI:* 1134641434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Yiddish
*Cultural Competency:* Yes
BEYOND VISION CENTER OPTOMETRY, INC.
6949 EL CAMINO REAL STE 105
CARLSBAD, CA 92009-4140
*Phone:* (760) 438-2020
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM

**SHARMA, GURU D , OD**
*Provider Gender:* Male
*License number*: 13675
*NPI:* 1427484138
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* Yes
EYE STYLE OPTOMETRY
5814 VAN ALLEN WAY STE 146
CARLSBAD, CA 92008-7359
*Phone:* (442) 244-5227
*Fax:* (442) 287-8092
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SA,SU 12PM-5PM, M-F 10AM-6PM

## CHULA VISTA

**BERGMARK, JAMIE L , OD**
*Provider Gender:* Female
*License number*: 33657
*NPI:* 1669920757
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**BIANES, BEVERLY P , OD**
*Provider Gender:* Female
*License number*: 9841
*NPI:* 1285692756

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**BIANES, BEVERLY P , OD**
*Provider Gender:* Female
*License number*: 9841
*NPI:* 1285692756
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521
*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**CASTILLEJOS, DAVID, MD**
*Provider Gender:* Male
*License number*: A44482
*NPI:* 1558446401
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Portuguese, Spanish, Tagalog
*Cultural Competency:* Yes
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 271-7044
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French, Portuguese, Spanish, Tagalog, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8AM-5PM, TU 7AM-5PM

**CASTILLEJOS, MARIA E , MD**
*Provider Gender:* Female
*License number*: A37652
*NPI:* 1043395098
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 271-7044
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French, Portuguese, Spanish, Tagalog, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8AM-5PM, TU 7AM-5PM

**CHAN, KWOK FUNG, OD**
*Provider Gender:* Male
*License number*: 35087
*NPI:* 1407508385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
VILLA OPTOMETRY INC
531 TELEGRAPH CANYON RD
CHULA VISTA, CA 91910-6436

*Phone:* (619) 482-2020
*Fax:* (619) 482-2671
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM, SA 9AM-1PM

**HUANG, FLORA, OD**
*Provider Gender:* Female
*License number*: 34082
*NPI:* 1487137105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**HUANG, PETER D , OD**
*Provider Gender:* Male
*License number*: 11659
*NPI:* 1639100522
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PETER D HUANG OD INC
557 H ST
CHULA VISTA, CA 91910-4330
*Phone:* (619) 422-0139
*Fax:* (619) 422-0066
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W 9AM-5PM, TU,TH 9AM-6PM, F 8AM-4PM, SA 9AM-2PM

**KALRA, ANKUR, OD**
*Provider Gender:* Male
*License number*: 11898
*NPI:* 1124195789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**KEDDINGTON, JOAN, OD**
*Provider Gender:* Female
*License number*: 6263
*NPI:* 1992872691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**KING, MARY M , OD**
*Provider Gender:* Female
*License number*: 13711
*NPI:* 1578792107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**MASCARENO, EFRAIN, OD**
*Provider Gender:* Male
*License number*: 10906
*NPI:* 1457507279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
CLEAR VISION OPTOMETRY DR MASCARENO
440 4TH AVE
CHULA VISTA, CA 91910-4443
*Phone:* (619) 427-2020
*Fax:* (866) 254-5707
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-TH 9AM-6PM, F 9AM-5PM

**MASCARENO, EFRAIN, OD**
*Provider Gender:* Male
*License number*: 10906
*NPI:* 1457507279
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EASTLAKE VISION CENTER DR MASCARENO
2260 OTAY LAKES RD STE 111
CHULA VISTA, CA 91915-1007
*Phone:* (619) 421-5550
*Fax:* (619) 421-6022
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-3PM

**MENDOZA, MARLON, OD**
*Provider Gender:* Male
*License number*: 34896
*NPI:* 1578233359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**PACK, ALYSSA, OD**

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider Gender:* Female
*License number*: 34608
*NPI:* 1750991220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521
*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**PACK, ALYSSA, OD**
*Provider Gender:* Female
*License number*: 34608
*NPI:* 1750991220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**PACK, JOHN C , OD**
*Provider Gender:* Male
*License number*: 9684
*NPI:* 1598723587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521
*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**PACK, JOHN C , OD**
*Provider Gender:* Male
*License number*: 9684
*NPI:* 1598723587
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**PEREZ, JUDI A , OD**
*Provider Gender:* Female
*License number*: 13210
*NPI:* 1477616746
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521

*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**PEREZ, JUDI A , OD**
*Provider Gender:* Female
*License number*: 13210
*NPI:* 1477616746
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**SCOVILL, ALEXANDRA, OD**
*Provider Gender:* Female
*License number*: 33711
*NPI:* 1184146094
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
CASTILLEJOS EYE INSTITUTE MED GROUP
342 F ST
CHULA VISTA, CA 91910-2625
*Phone:* (619) 422-1471
*Fax:* (619) 271-7044
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French, Portuguese, Spanish, Tagalog, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8AM-5PM, TU 7AM-5PM

**TAN, JOCELYN, OD**
*Provider Gender:* Female
*License number*: 33985
*NPI:* 1053724112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**THACH, QUEEN, OD**
*Provider Gender:* Female
*License number*: 33685
*NPI:* 1053841478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521
*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**THACH, QUEEN, OD**
*Provider Gender:* Female
*License number*: 33685
*NPI:* 1053841478
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**TOUBIA, ELIAS, OD**
*Provider Gender:* Male
*License number*: 33758
*NPI:* 1740701481
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* Yes
OTAY RANCH EYEWORKS OPTOMETRY
1741 EASTLAKE PKWY STE 101
CHULA VISTA, CA 91915-2032
*Phone:* (619) 421-6600
*Fax:* (619) 421-6006
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

**TRAJANO, CHARMINE D , OD**
*Provider Gender:* Female
*License number*: 14993
*NPI:* 1699183673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* Yes
PACK & BIANES VISION - TERRA NOVA
374 E H ST STE 1708
CHULA VISTA, CA 91910-7492
*Phone:* (619) 425-7990
*Fax:* (619) 425-7992
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**TRAJANO, CHARMINE D , OD**
*Provider Gender:* Female
*License number*: 14993
*NPI:* 1699183673
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog
*Cultural Competency:* Yes
PACK & BIANES VISION - EASTLAKE
890 EASTLAKE PKWY STE 102
CHULA VISTA, CA 91914-4521
*Phone:* (619) 216-3937
*Fax:* (619) 216-9041
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

**VILLA, ANGELICA M , OD**
*Provider Gender:* Female
*License number*: 10561
*NPI:* 1962544965
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
VILLA OPTOMETRY INC
531 TELEGRAPH CANYON RD
CHULA VISTA, CA 91910-6436
*Phone:* (619) 482-2020
*Fax:* (619) 482-2671
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM, SA 9AM-1PM

## CORONADO

**KATZMAN, LEE R , MD**
*Provider Gender:* Male
*License number*: A135673
*NPI:* 1912297284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ALVARADO EYE ASSOCIATES MED CLINIC INC
801 ORANGE AVE STE 204
CORONADO, CA 92118-2663
*Phone:* (619) 437-4406
*Fax:* (619) 522-7983
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 9AM-4:30PM, TU 9AM-3PM

## EL CAJON

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**BUTLER, KIM J , OD**
*Provider Gender:* Male
*License number*: 6405
*NPI:* 1467444844
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
KIM J BUTLER OD
1273 BROADWAY
EL CAJON, CA 92021-4902
*Phone:* (619) 579-2345
*Fax:* (619) 579-0876
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-12PM

**CHAN, KWOK FUNG, OD**
*Provider Gender:* Male
*License number*: 35087
*NPI:* 1407508385
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019-4319
*Phone:* (619) 670-6296
*Fax:* (619) 670-8852
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Italian, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

**CHENG, PATTY L , OD**
*Provider Gender:* Female
*License number*: 12249
*NPI:* 1265526263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520

*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**HAMOUIE, JUDY, OD**
*Provider Gender:* Female
*License number*: 34984
*NPI:* 1518638287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**MCMURREN, BRITTANY J , OD**
*Provider Gender:* Female
*License number*: 14824
*NPI:* 1104243815
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WERNER OPTOMETRY
2650 JAMACHA RD STE 155

EL CAJON, CA 92019-4319
*Phone:* (619) 670-6296
*Fax:* (619) 670-8852
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Italian, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**PACK, ALYSSA, OD**
*Provider Gender:* Female
*License number*: 34608
*NPI:* 1750991220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
MAIN STREET OPTOMETRY
303 E MAIN ST
EL CAJON, CA 92020-3913
*Phone:* (619) 444-1153
*Fax:* (619) 444-1154
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**THAI, EMILY, OD**
*Provider Gender:* Female
*License number*: 34649
*NPI:* 1720699432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
MAIN STREET OPTOMETRY
303 E MAIN ST
EL CAJON, CA 92020-3913
*Phone:* (619) 444-1153
*Fax:* (619) 444-1154
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TON-NU, MY LINH, OD**
*Provider Gender:* Female
*License number*: 34990
*NPI:* 1245733476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

**WEISS, LISA M , OD**
*Provider Gender:* Female
*License number*: 11405
*NPI:* 1790867091
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
MAIN STREET OPTOMETRY
303 E MAIN ST
EL CAJON, CA 92020-3913
*Phone:* (619) 444-1153
*Fax:* (619) 444-1154
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**WERNER, R AARON, OD**

*Provider Gender:* Male
*License number*: 13478
*NPI:* 1821259458
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019-4319
*Phone:* (619) 670-6296
*Fax:* (619) 670-8852
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Italian, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

**WERNER, REX A , OD**
*Provider Gender:* Male
*License number*: 9378
*NPI:* 1891760716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Italian, Spanish
*Cultural Competency:* Yes
WERNER OPTOMETRY
2650 JAMACHA RD STE 155
EL CAJON, CA 92019-4319
*Phone:* (619) 670-6296
*Fax:* (619) 670-8852
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Italian, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
450 FLETCHER PKWY STE 112
EL CAJON, CA 92020-2520
*Phone:* (619) 440-5400
*Fax:* (619) 440-0239
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-6PM

## ENCINITAS

**ADAMS, MONA N , OD**
*Provider Gender:* Female
*License number*: 14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish

*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**BANSAL, PREETI, MD**
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**BHATIA, SHAGUN, MD**
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**CHANG, TOM S , MD**
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104

ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DUONG, KIM S , OD**
*Provider Gender:* Female
*License number*: 34222
*NPI:* 1114448651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HAMOUIE, JUDY, OD**
*Provider Gender:* Female
*License number*: 34984
*NPI:* 1518638287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KIM, HEAWON, OD**
*Provider Gender:* Female

*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**LEE, JASON, OD**
*Provider Gender:* Male
*License number*: 14881
*NPI:* 1679985584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MOLL, ANGELA, MD**
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**O HALLORAN, HENRY, MD**
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**SAMUEL, MICHAEL A , MD**
*Provider Gender:* Male
*License number*: A83237
*NPI:* 1730175670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**SCHER, COLIN A , MD**
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS HOSPITAL ENCINITAS
477 N EL CAMINO REAL STE D302
ENCINITAS, CA 92024-1374
*Phone:* (858) 309-7702
*Fax:* (858) 966-7403
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**SCOTTI, FRANK A , MD**
*Provider Gender:* Male
*License number*: G40698
*NPI:* 1801824313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TON-NU, MY LINH, OD**
*Provider Gender:* Female
*License number*: 34990
*NPI:* 1245733476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139

*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TRAN, THAO P , OD**
*Provider Gender:* Female
*License number*: 12867
*NPI:* 1962581421
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
KINDERSPECS-GOOD EYES OPTOMETRY
267 N EL CAMINO REAL STE D
ENCINITAS, CA 92024-5366
*Phone:* (760) 753-3665
*Fax:* (408) 969-1653
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-TH 10AM-4:30PM, F 11AM-4PM

**VINH, JOHN B , OD**
*Provider Gender:* Male
*License number*: 14177
*NPI:* 1003102724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024-5139
*Phone:* (760) 943-7141
*Fax:* (760) 943-0371
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

## ESCONDIDO

**ADAMS, MONA N , OD**
*Provider Gender:* Female
*License number*: 14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

**ASIS, STEPHANIE, OD**
*Provider Gender:* Female
*License number*: 34013
*NPI:* 1902383540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**BANSAL, PREETI, MD**
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**BHATIA, SHAGUN, MD**
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*

Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CHANG, TOM S , MD**
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DUONG, KIM S , OD**
*Provider Gender:* Female
*License number*: 34222
*NPI:* 1114448651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**HSU, CHRISTOPHER, MD**
*Provider Gender:* Male
*License number*: A65973
*NPI:* 1336167618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KIM, PHILIP, OD**
*Provider Gender:* Male
*License number*: 33893
*NPI:* 1376929034
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KLAREN, AMANDA, OD**
*Provider Gender:* Female
*License number*: 12617
*NPI:* 1396876611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**LEE, JASON, OD**
*Provider Gender:* Male
*License number*: 14881
*NPI:* 1679985584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**LE, TAM T , OD**
*Provider Gender:* Female
*License number*: 12951
*NPI:* 1235268707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
TAM T LE OD INC
1711 E VALLEY PKWY STE 109
ESCONDIDO, CA 92027-2521
*Phone:* (760) 737-6064
*Fax:* (760) 737-6064
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5:30PM, SA 10AM-2PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MOLL, ANGELA, MD**
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MOVAGHAR, MANSOOR, MD**
*Provider Gender:* Male
*License number*: A100897
*NPI:* 1497792220
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**O HALLORAN, HENRY, MD**
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**PANSARA, MEGHA, MD**
*Provider Gender:* Female
*License number*: A143429
*NPI:* 1184983728
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2*

*mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**SAMUEL, MICHAEL A , MD**
*Provider Gender:* Male
*License number*: A83237
*NPI:* 1730175670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**SCHER, COLIN A , MD**
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029-4159
*Phone:* (760) 755-7600
*Fax:* (760) 755-7699
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-4:30PM

**THACH, TERILYN T , OD**
*Provider Gender:* Female
*License number*: 11456
*NPI:* 1710030861
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
INSIGHT VISION OPTOMETRY
2419 E VALLEY PKWY
ESCONDIDO, CA 92027-2932
*Phone:* (760) 738-9931
*Fax:* (760) 738-9933
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,F 9:30AM-5PM, TH 10AM-5:30PM

**VERRET, ERIC, OD**
*Provider Gender:* Male
*License number*: 11401
*NPI:* 1194891853
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish
*Cultural Competency:* Yes
ESCONDIDO EYECARE
613 E GRAND AVE
ESCONDIDO, CA 92025-4402

*Phone:* (760) 747-7979
*Fax:* (760) 747-7799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, French, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-W 9AM-6PM, TH 9AM-8PM, F 9AM-5PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
700 W EL NORTE PKWY STE 200
ESCONDIDO, CA 92026-3923
*Phone:* (760) 743-5872
*Fax:* (760) 743-5879
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

## FALLBROOK

**COLEMAN, BROOKE A , OD**
*Provider Gender:* Female
*License number*: 13551
*NPI:* 1700040748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028-3082
*Phone:* (760) 728-5728
*Fax:* (760) 728-5934
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**CONNOR, JEFFREY, OD**
*Provider Gender:* Male
*License number*: 33683
*NPI:* 1063968980
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028-3082
*Phone:* (760) 728-5728
*Fax:* (760) 728-5934
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**COOPER, MICHAEL J , OD**
*Provider Gender:* Male
*License number*: 10476
*NPI:* 1164586244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028-3082
*Phone:* (760) 728-5728
*Fax:* (760) 728-5934
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

**DUONG, CHERYL, OD**
*Provider Gender:* Female
*License number*: OPT34070
*NPI:* 1366935678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028-3082
*Phone:* (760) 728-5728
*Fax:* (760) 728-5934
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**GEORGE, BRUCE D , OD**
*Provider Gender:* Male
*License number*: 7696
*NPI:* 1356414551
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Korean, Spanish
*Cultural Competency:* Yes
BRUCE D GEORGE OD
1102 S MAIN AVE
FALLBROOK, CA 92028-3325
*Phone:* (760) 723-8417
*Fax:* (760) 867-2222
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M 1PM-5PM, TU 9AM-6PM, W,TH 9AM-5PM, F,SA 9AM-1PM

**TEW, JOHN G , MD**
*Provider Gender:* Male
*License number*: A83206
*NPI:* 1174593354
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Portuguese
*Cultural Competency:* Yes
INLAND EYE SPECIALISTS
521 E ELDER ST STE 102
FALLBROOK, CA 92028-3082
*Phone:* (760) 728-5728
*Fax:* (760) 728-5934
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**IMPERIAL BEACH**

**HANONO, ABRAHAM, OD**
*Provider Gender:* Male
*License number*: 14900
*NPI:* 1356754741
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hebrew, Spanish
*Cultural Competency:* Yes
IMPERIAL BEACH
OPTOMETRY INC APC
894 PALM AVE STE B
IMPERIAL BEACH, CA
91932-1573
*Phone:* (619) 424-9333
*Fax:* (619) 424-3356
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM

**HANONO, HELFON, OD**
*Provider Gender:* Male
*License number*: 6681
*NPI:* 1619942034
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
IMPERIAL BEACH
OPTOMETRY INC APC
894 PALM AVE STE B
IMPERIAL BEACH, CA
91932-1573

*Phone:* (619) 424-9333
*Fax:* (619) 424-3356
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM

## LA JOLLA

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**CHENG, PATTY L , OD**
*Provider Gender:* Female
*License number*: 12249
*NPI:* 1265526263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**CODEN, DANIEL J , MD**
*Provider Gender:* Male
*License number*: G57587
*NPI:* 1942317508
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**HOO, PAMELA A , OD**
*Provider Gender:* Female
*License number*: 11033
*NPI:* 1275566010
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**HUSTANA, LARA, OD**
*Provider Gender:* Female
*License number*: 11472
*NPI:* 1235161597
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
French
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**KIM, PHILIP, OD**
*Provider Gender:* Male
*License number*: 33893
*NPI:* 1376929034
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**KULISCHAK, JOHN F , OD**
*Provider Gender:* Male
*License number*: 9279
*NPI:* 1740205236
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**LAM, ANNE B , OD**
*Provider Gender:* Female
*License number*: 12810
*NPI:* 1174550768
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**LEE, SALLY S , DO**
*Provider Gender:* Female
*License number*: A8088
*NPI:* 1457468514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
SAN DIEGO EYE PROFESSIONALS
9834 GENESEE AVE STE 427
LA JOLLA, CA 92037-1264
*Phone:* (858) 276-1013
*Fax:* (619) 583-4288
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* German, Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 10AM-5PM

**LUSBY, FRANKLIN W , MD**
*Provider Gender:* Male
*License number*: G41830
*NPI:* 1265526180
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
LUSBY VISION INSTITUTE
9850 GENESEE AVE STE 220
LA JOLLA, CA 92037-1208
*Phone:* (858) 459-6200
*Fax:* (858) 459-2025
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM

**MIZOGUCHI, LIANNE T , OD**
*Provider Gender:* Female
*License number*: 10104
*NPI:* 1619900313
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**PERRY, ARTHUR C , MD**
*Provider Gender:* Male
*License number*: C37934
*NPI:* 1194832725
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**PRATT, STEVEN G , MD**
*Provider Gender:* Male
*License number*: G32379
*NPI:* 1407963044
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**TONNU, ANH T , OD**
*Provider Gender:* Female
*License number*: 11318
*NPI:* 1679521280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**VINH, JOHN B , OD**
*Provider Gender:* Male
*License number*: 14177
*NPI:* 1003102724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

**VO, ANDREW MINH, OD**
*Provider Gender:* Male
*License number*: 33869
*NPI:* 1790291565
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**YU, CAROL, OD**
*Provider Gender:* Female
*License number*: 34047
*NPI:* 1639697451
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DR
LA JOLLA, CA 92093-1350
*Phone:* (858) 534-6290
*Fax:* (858) 822-2948
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
9850 GENESEE AVE STE 310
LA JOLLA, CA 92037-1208
*Phone:* (858) 457-3010
*Fax:* (858) 457-0028
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-4:30PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

## LA MESA

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**ASIS, STEPHANIE, OD**
*Provider Gender:* Female
*License number*: 34013
*NPI:* 1902383540
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**BAGHOUMIAN, MARINEH, OD**
*Provider Gender:* Female
*License number*: 14842
*NPI:* 1972929438
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Armenian
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CAHOON, BENJAMIN, OD**
*Provider Gender:* Male
*License number*: 33877
*NPI:* 1053819557
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CAUCHI, CAROLINE GUERRERO, OD**
*Provider Gender:* Female
*License number*: 6882
*NPI:* 1831268903
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
VISION SOLUTIONS OPTOMETRY
8235 UNIVERSITY AVE
LA MESA, CA 91942-9326
*Phone:* (619) 461-4913
*Fax:* (888) 509-6483
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM

**CHANG, TOM S , MD**
*Provider Gender:* Male
*License number*: A69909
*NPI:* 1609848969
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**CHEA, LISA, OD**
*Provider Gender:* Female
*License number*: 33615

*NPI:* 1902341472
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CHENG, PATTY L , OD**
*Provider Gender:* Female
*License number*: 12249
*NPI:* 1265526263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CHEW, WESLEY S , OD**
*Provider Gender:* Male
*License number*: 14901
*NPI:* 1952714446
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**CHIU, STEPHAN, MD**
*Provider Gender:* Male
*License number*: 172634
*NPI:* 1053846956
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**CONRAD, RANDALL E , OD**
*Provider Gender:* Male
*License number*: 6423
*NPI:* 1962617464
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942-2000
*Phone:* (619) 460-3711
*Fax:* (619) 460-2184
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**COOK, GLENN B , MD**
*Provider Gender:* Male
*License number*: G63727
*NPI:* 1013078427
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942-2000
*Phone:* (619) 460-3711
*Fax:* (619) 460-2184
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**DANG, JENNIFER A , OD**
*Provider Gender:* Female
*License number*: 14634
*NPI:* 1770921942
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**GABRIELYAN, ZARINE, OD**
*Provider Gender:* Female
*License number*: 34133
*NPI:* 1083182398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Russian
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**GALLARDO, JANELLE, OD**
*Provider Gender:* Female
*License number*: 34581
*NPI:* 1578171898
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**GILES, GREGORY E , OD**
*Provider Gender:* Male
*License number*: 11362
*NPI:* 1114931250
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
LA MESA VISION CARE
8007 LA MESA BLVD
LA MESA, CA 91942-6434
*Phone:* (619) 466-5665
*Fax:* (619) 466-5688
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 8AM-4PM, TU,TH 9AM-6PM, F 9AM-5PM, SA 8AM-1PM

**GOLLOGLY, HEIDRUN, MD**
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, French, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**GOLLOGLY, HEIDRUN, MD**
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, French, Spanish
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**HAIGHT, BRUCE T , MD**
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HAIGHT, BRUCE T , MD**
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**HAMOUIE, JUDY, OD**
*Provider Gender:* Female
*License number*: 34984
*NPI:* 1518638287
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HAN, SULKI, OD**
*Provider Gender:* Female
*License number*: 34171
*NPI:* 1750802195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HIXSON, THOMAS M , OD**
*Provider Gender:* Male
*License number*: 7490
*NPI:* 1528072683
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
LA MESA VISION CARE
8007 LA MESA BLVD
LA MESA, CA 91942-6434
*Phone:* (619) 466-5665
*Fax:* (619) 466-5688
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 8AM-4PM, TU,TH 9AM-6PM, F 9AM-5PM, SA 8AM-1PM

**HSU, CHRISTOPHER, MD**
*Provider Gender:* Male
*License number*: A65973
*NPI:* 1336167618
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078

*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**HUNG, JANICE, OD**
*Provider Gender:* Female
*License number*: 34296
*NPI:* 1750917936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KATZMAN, LEE R , MD**
*Provider Gender:* Male
*License number*: A135673
*NPI:* 1912297284
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942-2000
*Phone:* (619) 460-3711
*Fax:* (619) 460-2184
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**KIM, MELODY J , OD**
*Provider Gender:* Female
*License number*: 14726
*NPI:* 1487082749
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**LEE, JENNIFER A , OD**
*Provider Gender:* Female
*License number*: 33443
*NPI:* 1891147351
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**LEE, SALLY S , DO**
*Provider Gender:* Female
*License number*: A8088
*NPI:* 1457468514
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
SAN DIEGO EYE PROFESSIONALS
5965 SEVERIN DR
LA MESA, CA 91942-3806
*Phone:* (619) 583-4295
*Fax:* (619) 825-7300
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 10AM-5PM

**LEVY, PHILLIP A , OD**
*Provider Gender:* Male
*License number*: 4884
*NPI:* 1528189115
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
PHILLIP A LEVY OD
5020 BALTIMORE DR STE B
LA MESA, CA 91942-0692
*Phone:* (619) 464-8303
*Fax:* (619) 464-4971
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,F 10AM-5PM, TU-TH 9AM-6PM

**LE, HELEN W , OD**
*Provider Gender:* Female
*License number*: 33767
*NPI:* 1669995916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MANCILLA, RAUL A , OD**
*Provider Gender:* Male
*License number*: 12705
*NPI:* 1487706198
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MAO, KATHY, OD**
*Provider Gender:* Female
*License number*: 33828
*NPI:* 1053830158
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MERALI, MURTAZA, OD**
*Provider Gender:* Female
*License number*: 14558
*NPI:* 1972944189
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**NEWMAN, DAVID M , OD**
*Provider Gender:* Male

*License number*: 7296
*NPI:* 1508856378
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
DAVID M NEWMAN OD
5642 LAKE MURRAY BLVD
LA MESA, CA 91942-1929
*Phone:* (619) 589-6263
*Fax:* (619) 589-6264
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM, SA 10AM-5PM

**NGUYEN, MEGGIE, OD**
*Provider Gender:* Female
*License number*: 15342
*NPI:* 1649552548
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**NGUYEN, THY T , OD**
*Provider Gender:* Female
*License number*: 12746
*NPI:* 1750490413
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish, Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**OU, JOCELYN, OD**
*Provider Gender:* Female
*License number*: 34063
*NPI:* 1225518996
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ALVARADO EYE ASSOCIATES MED CLINIC INC
7877 PARKWAY DR STE 100
LA MESA, CA 91942-2000
*Phone:* (619) 460-3711
*Fax:* (619) 460-2184
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**PANDYA, BHUMIKA, OD**
*Provider Gender:* Female
*License number*: 35025
*NPI:* 1063182822
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Hindi
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**PETERSON, STEVEN G , OD**
*Provider Gender:* Male
*License number*: 7554
*NPI:* 1659331320
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
20/20 VISION
7090 PARKWAY DR STE A
LA MESA, CA 91942-1596
*Phone:* (619) 460-2020
*Fax:* (619) 713-0369
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,F 9AM-6PM, TU,TH 9AM-7PM, W 8AM-5PM, SA 9AM-12:30PM

**PETERS, JAMIE S , OD**
*Provider Gender:* Female
*License number*: 10724
*NPI:* 1073691077
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
VISION SOLUTIONS OPTOMETRY
8235 UNIVERSITY AVE
LA MESA, CA 91942-9326
*Phone:* (619) 461-4913
*Fax:* (888) 509-6483
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**QUACH, PHUC, OD**
*Provider Gender:* Male
*License number*: 12891
*NPI:* 1770617805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**RICE, LAWRENCE S , MD**
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**RICE, LAWRENCE S , MD**
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM

**SAMUEL, MICHAEL A , MD**
*Provider Gender:* Male
*License number*: A83237
*NPI:* 1730175670
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**SCOTT, JEFFREY I , OD**
*Provider Gender:* Male
*License number*: 34978
*NPI:* 1568813434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TAUTGES, BENJAMIN, OD**
*Provider Gender:* Male
*License number*: 33945
*NPI:* 1225527153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TILLMAN, SYLVIA, OD**
*Provider Gender:* Female
*License number*: 9726
*NPI:* 1174730824
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TON-NU, MY LINH, OD**
*Provider Gender:* Female
*License number*: 34990
*NPI:* 1245733476
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TONNU, ANH T , OD**
*Provider Gender:* Female
*License number*: 11318
*NPI:* 1679521280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TORRES, ALVARO, OD**
*Provider Gender:* Male
*License number*: 34322
*NPI:* 1932754637
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TRAN, HENRY V , OD**
*Provider Gender:* Male
*License number*: 15159
*NPI:* 1467846709
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TSUI, NANCY, OD**
*Provider Gender:* Female
*License number*: 33944
*NPI:* 1841785037
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**TU, BEVERLY, OD**
*Provider Gender:* Female
*License number*: 34108
*NPI:* 1053892794
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435

*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**VANICHSARN, KRYSTAL T , OD**
*Provider Gender:* Female
*License number*: 15449
*NPI:* 1962886283
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**VINH, JOHN B , OD**
*Provider Gender:* Male
*License number*: 14177
*NPI:* 1003102724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**WASSERSTROM, JEFFREY P , MD**
*Provider Gender:* Male
*License number*: G54813
*NPI:* 1710922687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**WONG, SHARON A , OD**
*Provider Gender:* Female
*License number*: 15137
*NPI:* 1497159552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM

**YEGHIAZARIAN, MARK, OD**
*Provider Gender:* Male
*License number*: 34021
*NPI:* 1356829691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
20/20 VISION
7090 PARKWAY DR STE A
LA MESA, CA 91942-1596
*Phone:* (619) 460-2020
*Fax:* (619) 713-0369
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,F 9AM-6PM, TU,TH 9AM-7PM, W 8AM-5PM, SA 9AM-12:30PM

**YOUNG, JESSICA W , OD**
*Provider Gender:* Female
*License number*: 33903
*NPI:* 1043565435
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP
5565 GRSMNT CTR DR STE 551
LA MESA, CA 91942-3078
*Phone:* (619) 465-2020
*Fax:* (619) 698-1189
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
7339 EL CAJON BLVD STE J
LA MESA, CA 91942-7435
*Phone:* (619) 722-8460
*Fax:* (619) 722-8465
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

## LAKESIDE

**FLEMING, JOHN C , OD**
*Provider Gender:* Male
*License number*: 8461
*NPI:* 1033192133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JOHN C FLEMING OD
9710 WINTER GARDENS BLVD STE A
LAKESIDE, CA 92040-3866

*Phone:* (619) 443-1075
*Fax:* (619) 443-9382
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,TU,TH 9AM-5PM, W 9AM-6PM, F 8:30AM-4PM

**JOHNSON, CHRISTOPHER, OD**
*Provider Gender:* Male
*License number*: 15100
*NPI:* 1568861425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JOHN C FLEMING OD
9710 WINTER GARDENS BLVD STE A
LAKESIDE, CA 92040-3866
*Phone:* (619) 443-1075
*Fax:* (619) 443-9382
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,TU,TH 9AM-5PM, W 9AM-6PM, F 8:30AM-4PM

## LEMON GROVE

**HUANG, FLORA, OD**
*Provider Gender:* Female
*License number*: 34082
*NPI:* 1487137105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* Yes
LEMON GROVE OPTOMETRY
7850 BROADWAY
LEMON GROVE, CA 91945-1801
*Phone:* (619) 697-2020
*Fax:* (619) 697-0728
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM

**MENDOZA, MARLON, OD**
*Provider Gender:* Male
*License number*: 34896
*NPI:* 1578233359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
LEMON GROVE OPTOMETRY
7850 BROADWAY
LEMON GROVE, CA 91945-1801
*Phone:* (619) 697-2020
*Fax:* (619) 697-0728
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM

**WESLING, PAUL J , OD**
*Provider Gender:* Male
*License number*: 10869
*NPI:* 1932130648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
LEMON GROVE OPTOMETRY
7850 BROADWAY
LEMON GROVE, CA 91945-1801
*Phone:* (619) 697-2020
*Fax:* (619) 697-0728
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU,TH 9AM-6PM, W,F 8AM-5PM, SA 8AM-1PM

## NATIONAL CITY

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**CHENG, PATTY L , OD**
*Provider Gender:* Female
*License number*: 12249
*NPI:* 1265526263
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* *Cultural Competency:* Yes
ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**GOLLOGLY, HEIDRUN, MD**
*Provider Gender:* Female
*License number*: A134761
*NPI:* 1477879823
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, French, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**HAIGHT, BRUCE T , MD**
*Provider Gender:* Male
*License number*: G41117
*NPI:* 1427029628
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**HUNG, JANICE, OD**
*Provider Gender:* Female
*License number*: 34296
*NPI:* 1750917936
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**KALRA, ANKUR, OD**
*Provider Gender:* Male
*License number*: 11898
*NPI:* 1124195789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC

1481 E PLAZA BLVD
NATIONAL CITY, CA
91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**KEDDINGTON, JOAN, OD**
*Provider Gender:* Female
*License number*: 6263
*NPI:* 1992872691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC
1481 E PLAZA BLVD
NATIONAL CITY, CA
91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Cultural Competency: Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**KING, MARY M , OD**
*Provider Gender:* Female
*License number*: 13711
*NPI:* 1578792107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC
1481 E PLAZA BLVD
NATIONAL CITY, CA 91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**LEE, AUSTIN T , OD**
*Provider Gender:* Male
*License number*: 14519
*NPI:* 1922356914
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
VIVE OPTOMETRY
1033 HIGHLAND AVE
NATIONAL CITY, CA 91950-3515
*Phone:* (619) 477-2771
*Fax:* (619) 477-1680
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU 10AM-5PM, W-F 9:30AM-5PM

**MARLAY, GREG L , OD**
*Provider Gender:* Male
*License number*: 6998
*NPI:* 1306903083
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
MARLAY ENTERPRISES
1132 E PLAZA BLVD STE 201
NATIONAL CITY, CA 91950-3560
*Phone:* (619) 477-4166
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,F 10AM-6PM, SA 10AM-2PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**MENDOZA, MARLON, OD**
*Provider Gender:* Male
*License number*: 34896
*NPI:* 1578233359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC
1481 E PLAZA BLVD
NATIONAL CITY, CA
91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**MENDOZA, RAYMUNDO G , OD**
*Provider Gender:* Male
*License number*: 8150
*NPI:* 1306837760
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
NATIONAL CITY EYECARE
2403 E PLAZA BLVD
NATIONAL CITY, CA
91950-5101
*Phone:* (619) 475-2184
*Fax:* (619) 475-3917
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,TU,TH,F 10AM-5PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes

*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**RICE, LAWRENCE S , MD**
*Provider Gender:* Male
*License number*: C31021
*NPI:* 1922060805
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**SCOTT, JEFFREY I , OD**

*Provider Gender:* Male
*License number*: 34978
*NPI:* 1568813434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**TAN, JOCELYN, OD**
*Provider Gender:* Female
*License number*: 33985
*NPI:* 1053724112
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC
1481 E PLAZA BLVD
NATIONAL CITY, CA
91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**TOUBIA, ELIAS, OD**
*Provider Gender:* Male
*License number*: 33758
*NPI:* 1740701481
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Arabic
*Cultural Competency:* Yes
KEDDINGTON & KALRA OPTOMETRISTS APC
1481 E PLAZA BLVD
NATIONAL CITY, CA
91950-3613
*Phone:* (619) 477-2159
*Fax:* (619) 477-2128
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**VINH, JOHN B , OD**
*Provider Gender:* Male
*License number*: 14177
*NPI:* 1003102724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA
91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**VINH, JOHN B , OD**
*Provider Gender:* Male
*License number*: 14177
*NPI:* 1003102724
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA
91950-5164
*Phone:* (619) 470-2700
*Fax:* (619) 267-8221
*After Hours Phone:*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**WASSERSTROM, JEFFREY P , MD**
*Provider Gender:* Male
*License number*: G54813
*NPI:* 1710922687
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**WU, EVA Y , OD**
*Provider Gender:* Female
*License number*: 14743
*NPI:* 1073954442
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
VIVE OPTOMETRY
1033 HIGHLAND AVE
NATIONAL CITY, CA 91950-3515
*Phone:* (619) 477-2771
*Fax:* (619) 477-1680
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU 10AM-5PM, W-F 9:30AM-5PM

**ZVANUT, DONALD R , OD**
*Provider Gender:* Male
*License number*: 8642
*NPI:* 1336211804
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ACUITY EYE GROUP
655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950-2973
*Phone:* (619) 472-1010
*Fax:* (619) 479-5233
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

## OCEANSIDE

**RING, ROBERT A , OD**
*Provider Gender:* Male
*License number*: 6781
*NPI:* 1336228840
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
ROBERT A RING OD
3998 VISTA WAY STE 204
OCEANSIDE, CA 92056-4515
*Phone:* (760) 726-9383
*Fax:* (760) 726-9897
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2*

*mile from Site):* Yes
*Hours:* M 10AM-6PM, TU 9AM-4PM, W 9AM-5PM, F 9AM-12PM

**ROSA, ADAM, OD**
*Provider Gender:* Male
*License number*: 34093
*NPI:* 1295250264
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
NORTH COAST OPTOMETRY
3915 MISSION AVE STE 2
OCEANSIDE, CA 92058-7801
*Phone:* (760) 757-8771
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 9AM-6PM, W 10AM-7PM, F 9AM-5PM

## RAMONA

**HOMESLEY, SUSAN D , OD**
*Provider Gender:* Female
*License number*: 6693
*NPI:* 1720068984
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
SUSAN D HOMESLEY OD
1516 MAIN ST STE 102
RAMONA, CA 92065-5242
*Phone:* (760) 789-0950
*Fax:* (760) 789-6057
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM, SA 8AM-11AM

## SAN DIEGO

**ADAMS, MONA N , OD**
*Provider Gender:* Female
*License number*: 14457
*NPI:* 1942564521
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**AOTO, KIM N , OD**
*Provider Gender:* Female
*License number*: 14524
*NPI:* 1780935650
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE

6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**AVALLONE, THOMAS, MD**
*Provider Gender:* Male
*License number*: A147199
*NPI:* 1679865950
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**BANSAL, PREETI, MD**
*Provider Gender:* Female
*License number*: A90890
*NPI:* 1871664631
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**BHATIA, SHAGUN, MD**
*Provider Gender:* Female
*License number*: A154902
*NPI:* 1104237353
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**BINDER, NICHOLAS, MD**
*Provider Gender:* Male
*License number*: A124698
*NPI:* 1306076716
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**BOECK, CARL A , OD**
*Provider Gender:* Male
*License number*: 6620
*NPI:* 1588656151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* Yes
ACKROYD AND VAN HOOSE OPTOMETRY
7246 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111-1007
*Phone:* (858) 292-7193
*Fax:* (858) 292-8247
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,F 8AM-5PM, TU-TH 9AM-6PM

**CHEN, LESLIE L , OD**
*Provider Gender:* Female
*License number*: 12792
*NPI:* 1508953332
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* Yes
EYE STUDIO OPTOMETRY
4475 UNIVERSITY AVE
SAN DIEGO, CA 92105-1731
*Phone:* (619) 521-2020
*Fax:* (619) 521-2025
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese, Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-W,F 9AM-5PM, TH 9AM-1:30PM, SA 9AM-1PM

**COLEMAN, BROOKE A , OD**
*Provider Gender:* Female
*License number*: 13551
*NPI:* 1700040748
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYELUX OPTOMETRY
16615 DOVE CANYON RD STE 105
SAN DIEGO, CA 92127-3441
*Phone:* (858) 487-7900
*Fax:* (858) 487-1896
*After Hours Phone:*

*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM, SA 8:30AM-2PM

**COOPER, MICHAEL J , OD**
*Provider Gender:* Male
*License number*: 10476
*NPI:* 1164586244
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYELUX OPTOMETRY
16615 DOVE CANYON RD STE 105
SAN DIEGO, CA 92127-3441
*Phone:* (858) 487-7900
*Fax:* (858) 487-1896
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM, SA 8:30AM-2PM

**DAVIS, JADE, OD**
*Provider Gender:* Female
*License number*: 11765
*NPI:* 1457303398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**DAVIS, JADE, OD**
*Provider Gender:* Female
*License number*: 11765
*NPI:* 1457303398
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108-4348
*Phone:* (619) 295-2900
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

**DEAN, MOENA, OD**
*Provider Gender:* Female
*License number*: 33955
*NPI:* 1265927578
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**DUONG, CHERYL, OD**
*Provider Gender:* Female

*License number*: OPT34070
*NPI:* 1366935678
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
EYELUX OPTOMETRY
16615 DOVE CANYON RD STE 105
SAN DIEGO, CA 92127-3441
*Phone:* (858) 487-7900
*Fax:* (858) 487-1896
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 8AM-5PM, SA 8:30AM-2PM

**DUONG, KIM S , OD**
*Provider Gender:* Female
*License number*: 34222
*NPI:* 1114448651
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**DYER, SHARON M , OD**
*Provider Gender:* Female
*License number*: 33450
*NPI:* 1063866887
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**GIANG, STEVEN, OD**
*Provider Gender:* Male
*License number*: 34489
*NPI:* 1730710104
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105-8537
*Phone:* (619) 284-3937
*Fax:* (619) 284-3938
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**HOANG, KEVIN, OD**
*Provider Gender:* Male
*License number*: 34401
*NPI:* 1790339216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105-8537
*Phone:* (619) 284-3937
*Fax:* (619) 284-3938
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**HOM, GREGORY G , OD**
*Provider Gender:* Male
*License number*: 9694
*NPI:* 1154473916
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
GREGORY G HOM OD
11230 SORRENTO VALLEY RD STE 145
SAN DIEGO, CA 92121-1338
*Phone:* (858) 535-9835
*Fax:* (858) 535-1266
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-TH 9AM-5PM, F 9AM-4PM

**HUANG, FLORA, OD**
*Provider Gender:* Female
*License number*: 34082
*NPI:* 1487137105
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* Yes
GOLDEN TRIANGLE OPTOMETRY
4009 GOVERNOR DR
SAN DIEGO, CA 92122-2522
*Phone:* (858) 453-0444
*Fax:* (858) 453-0471
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM

**HUDSON, HENRY L , MD**
*Provider Gender:* Male
*License number*: G76091
*NPI:* 1851349195
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**HUYNH, CHI T , OD**
*Provider Gender:* Female
*License number*: 12901
*NPI:* 1922187426
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
CRYSTAL EYESITE OPTOMETRY

9225 MIRA MESA BLVD STE 108
SAN DIEGO, CA 92126-4810
*Phone:* (858) 547-3988
*Fax:* (844) 367-5161
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W 9:30AM-6PM, TH,F 10AM-6PM, SA 9AM-3PM

**HUYNH, LOAN, OD**
*Provider Gender:* Female
*License number*: 34472
*NPI:* 1003454604
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
NORTH COUNTY OPTOMETRY
11835 CARMEL MTN RD STE 1313
SAN DIEGO, CA 92128-4609
*Phone:* (858) 674-1276
*Fax:* (858) 674-5863
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M 9AM-5PM, TU 7AM-5PM, W,TH 10AM-7PM, F 10AM-5PM, SA 9AM-2PM

**HUYNH, PAUL D , MD**
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
ADVANCED EYE AND LASER CTR OF CA INC
10737 CAMINO RUIZ STE 100
SAN DIEGO, CA 92126-2370
*Phone:* (858) 549-3200
*Fax:* (858) 549-3207
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**HUYNH, PAUL D , MD**
*Provider Gender:* Male
*License number*: A79141
*NPI:* 1871577056
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
ADVANCED EYE AND LASER CTR OF CA INC
4844 UNIVERSITY AVE STE A
SAN DIEGO, CA 92105-8021
*Phone:* (619) 283-1303
*Fax:* (619) 283-1666
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8AM-5PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**KATZMAN, BARRY, MD**
*Provider Gender:* Male
*License number*: A34834
*NPI:* 1760473797
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**KIM, HEAWON, OD**
*Provider Gender:* Female
*License number*: 34584TLG
*NPI:* 1912517707
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**KLAREN, AMANDA, OD**
*Provider Gender:* Female
*License number*: 12617
*NPI:* 1396876611
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**LARSEN, STEVEN R , OD**
*Provider Gender:* Male
*License number*: 7687
*NPI:* 1629194782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
UPTOWN OPTOMETRY
4096 PARK BLVD
SAN DIEGO, CA 92103-2620

*Phone:* (619) 291-5505
*Fax:* (619) 291-4404
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* TU-F 9AM-3PM, SA 10AM-2PM

**LAU, JANICE L , OD**
*Provider Gender:* Female
*License number*: 13037
*NPI:* 1952453300
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
SABRE SPRINGS OPTOMETRY
12650 SABRE SPGS PKWY STE 203
SAN DIEGO, CA 92128-4114
*Phone:* (858) 748-1265
*Fax:* (844) 269-9527
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,TU,TH 9AM-5PM, W,F 10AM-6PM

**LAU, KUEN CHINE, OD**
*Provider Gender:* Male
*License number*: 11166
*NPI:* 1821001645
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108-4348
*Phone:* (619) 295-2900
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

**LEE, JASON, OD**
*Provider Gender:* Male
*License number*: 14881
*NPI:* 1679985584
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**LE, JACQUELIN M , OD**
*Provider Gender:* Female
*License number*: 10962
*NPI:* 1487610432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
SAN DIEGO VISION CARE OPTOMETRY
3807 FAIRMOUNT AVE STE 200
SAN DIEGO, CA 92105-2659
*Phone:* (619) 508-5678
*Fax:* (619) 501-0686
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM

**LIN, HENRY C , OD**
*Provider Gender:* Male
*License number*: 11368
*NPI:* 1861405664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108-4348
*Phone:* (619) 295-2900
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

**LIN, HENRY C , OD**
*Provider Gender:* Male
*License number*: 11368
*NPI:* 1861405664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
1555 PALM AVE STE A2
SAN DIEGO, CA 92154-1012
*Phone:* (619) 297-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9:30AM-6PM, SA 9AM-3PM

**LIN, HENRY C , OD**
*Provider Gender:* Male
*License number*: 11368
*NPI:* 1861405664
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Chinese
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**LLANES, BENJAMIN P , OD**
*Provider Gender:* Male
*License number*: 8782
*NPI:* 1053309005
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Tagalog
*Cultural Competency:* Yes
SEE KLEER EYECARE CENTER
9580 BLACK MOUNTAIN RD STE J
SAN DIEGO, CA 92126-4522
*Phone:* (858) 536-8952
*Fax:* (858) 536-8951
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 11AM-6PM, SA 9AM-1PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**MCGRAW, JOSEPH, MD**
*Provider Gender:* Male
*License number*: A155228
*NPI:* 1588624852
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**MILLER, DOUGLAS G , MD**
*Provider Gender:* Male
*License number*: G52627
*NPI:* 1982636031
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**MOLL, ANGELA, MD**
*Provider Gender:* Female
*License number*: A105472
*NPI:* 1861648602
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2*

*mile from Site):* No
*Hours:* M-F 7AM-5PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**MORRISON REYES, JOSHUA, MD**
*Provider Gender:* Male
*License number*: A125435
*NPI:* 1235366782
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Indonesian, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**NGUYEN, BRUCE C , OD**
*Provider Gender:* Male
*License number*: 14156
*NPI:* 1376839019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**NGUYEN, BRUCE C , OD**
*Provider Gender:* Male
*License number*: 14156
*NPI:* 1376839019
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
CLAIREMONT OPTOMETRY
9353 CLRMNT MESA BLVD STE K2
SAN DIEGO, CA 92123-1220
*Phone:* (858) 279-6500
*Fax:* (858) 225-7174
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-W 9AM-6PM, TH,F 9AM-5PM, SA 9AM-3PM

**NGUYEN, HOA PHUONG T , OD**
*Provider Gender:* Female
*License number*: 12630
*NPI:* 1962439265
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

COLLEGE GROVE OPTOMETRY
4560 COLLEGE AVE
SAN DIEGO, CA 92115-4012
*Phone:* (619) 583-5744
*Fax:* (619) 582-6112
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM

**NGUYEN, JASMINE P , OD**
*Provider Gender:* Female
*License number*: 11189
*NPI:* 1497896922
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105-8537
*Phone:* (619) 284-3937
*Fax:* (619) 284-3938
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**NGUYEN, KELVIN H , OD**
*Provider Gender:* Male
*License number*: 11085
*NPI:* 1518923572
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
SAN DIEGO VISION CARE OPTOMETRY
3807 FAIRMOUNT AVE STE 200
SAN DIEGO, CA 92105-2659
*Phone:* (619) 508-5678
*Fax:* (619) 501-0686
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM

**NGUYEN, THANH T , OD**
*Provider Gender:* Female
*License number*: 13126
*NPI:* 1992813323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105-8537
*Phone:* (619) 284-3937
*Fax:* (619) 284-3938
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**NGUYEN, THANH T , OD**
*Provider Gender:* Female
*License number*: 13126
*NPI:* 1992813323
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
SABRE SPRINGS OPTOMETRY
12650 SABRE SPGS PKWY STE 203
SAN DIEGO, CA 92128-4114
*Phone:* (858) 748-1265
*Fax:* (844) 269-9527
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,TU,TH 9AM-5PM, W,F 10AM-6PM

**NGUYEN, TRACY T , OD**
*Provider Gender:* Female
*License number*: 10859
*NPI:* 1265596621
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
ESSENTIAL EYECARE OPTOMETRY
7612 LINDA VISTA RD STE 105
SAN DIEGO, CA 92111-5313
*Phone:* (858) 467-0655
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-W,F 11AM-3PM

**O HALLORAN, HENRY, MD**
*Provider Gender:* Male
*License number*: A73282
*NPI:* 1235287947
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**PATEL, GITANE, MD**
*Provider Gender:* Male
*License number*: A108603
*NPI:* 1710171434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD

SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**PATEL, SARJAN H , MD**
*Provider Gender:* Male
*License number*: A114976
*NPI:* 1316199326
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**PHAM, TONY D , OD**
*Provider Gender:* Male
*License number*: 12348
*NPI:* 1841271434
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish, Vietnamese
*Cultural Competency:* Yes
MIRA MESA EYECARE
6755 MIRA MESA BLVD STE 141
SAN DIEGO, CA 92121-4311
*Phone:* (858) 535-8282
*Fax:* (858) 535-0537
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-6PM, SA 10AM-2PM

**PHUNG, RICHARD N V, OD**
*Provider Gender:* Male
*License number*: 9547
*NPI:* 1689661571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese, Chinese
*Cultural Competency:* Yes
CITY HEIGHTS OPTOMETRY
4236 UNIVERSITY AVE
SAN DIEGO, CA 92105-1503
*Phone:* (619) 281-3422
*Fax:* (619) 281-1196
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 10AM-5PM

**PHUNG, RICHARD N V, OD**
*Provider Gender:* Male
*License number*: 9547
*NPI:* 1689661571
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese, Chinese
*Cultural Competency:* Yes
SCRIPPS RANCH OPTOMETRI CTR
9880 HIBERT ST STE E1
SAN DIEGO, CA 92131-1068
*Phone:* (858) 693-9044
*Fax:* (858) 693-0704
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for

Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 10AM-6PM, TU 10AM-2PM, F,SA 9AM-2PM

**POUSTI, SHEIVA L , OD**
*Provider Gender:* Female
*License number*: 10403
*NPI:* 1730240052
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
SAN DIEGO EYE CLINIC OPTOMETRY
3560 FAIRMOUNT AVE STE A
SAN DIEGO, CA 92105-3420
*Phone:* (619) 431-2020
*Fax:* (619) 376-2100
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SU 9AM-6PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**PRABHU, SUJATA P , MD**
*Provider Gender:* Female
*License number*: A115965
*NPI:* 1982872552
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
WEST COAST EYE CARE
4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**SCHER, COLIN A , MD**
*Provider Gender:* Male
*License number*: A42700
*NPI:* 1396816153
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
RADY CHILDRENS SPECIALISTS
7910 FROST ST STE 200
SAN DIEGO, CA 92123-2776
*Phone:* (858) 309-7702
*Fax:* (858) 966-8901
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 7AM-5PM

**SHULKIN, MITCHELL S , OD**
*Provider Gender:* Male
*License number*: 8153
*NPI:* 1770531865
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
NORTH COUNTY OPTOMETRY
11835 CARMEL MTN RD STE 1313
SAN DIEGO, CA 92128-4609

*Phone:* (858) 674-1276
*Fax:* (858) 674-5863
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M 9AM-5PM, TU 7AM-5PM, W,TH 10AM-7PM, F 10AM-5PM, SA 9AM-2PM

**SORIANO, CATHERINE F , OD**
*Provider Gender:* Female
*License number*: 13109
*NPI:* 1508919085
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Filipino, Pilipino, Spanish, Tagalog
*Cultural Competency:* Yes
CATHERINE SORIANO OD
2404 MADISON AVE
SAN DIEGO, CA 92116-2920
*Phone:* (619) 291-3836
*Fax:* (619) 291-4625
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Tagalog
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 8:30AM-5PM

**STEVENS, TANIA, OD**
*Provider Gender:* Female
*License number*: 12072
*NPI:* 1427089630
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OPTOMETRY CABANA
12925 EL CAMINO REAL STE AA3
SAN DIEGO, CA 92130-1891
*Phone:* (858) 348-5900
*Fax:* (858) 617-0780
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Russian, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 10AM-6PM, SA 9AM-3PM

**TAM, MAY C , OD**
*Provider Gender:* Female
*License number*: 11960
*NPI:* 1548255896
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**TAM, MAY C , OD**
*Provider Gender:* Female
*License number*: 11960
*NPI:* 1548255896
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108-4348
*Phone:* (619) 295-2900
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*

No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

**TAM, MAY C , OD**
*Provider Gender:* Female
*License number*: 11960
*NPI:* 1548255896
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
1555 PALM AVE STE A2
SAN DIEGO, CA 92154-1012
*Phone:* (619) 297-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9:30AM-6PM, SA 9AM-3PM

**TA, TRANG T , OD**
*Provider Gender:* Female
*License number*: 12100
*NPI:* 1518381045
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
JASMINE P NGUYEN OD INC
4029 43RD ST STE 300
SAN DIEGO, CA 92105-8537
*Phone:* (619) 284-3937
*Fax:* (619) 284-3938
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-F 9AM-5PM, SA 9AM-1PM

**THAI, EMILY, OD**
*Provider Gender:* Female
*License number*: 34649
*NPI:* 1720699432
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
GOLDEN TRIANGLE OPTOMETRY
4009 GOVERNOR DR
SAN DIEGO, CA 92122-2522
*Phone:* (858) 453-0444
*Fax:* (858) 453-0471
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM

**TONNU, ANH T , OD**
*Provider Gender:* Female
*License number*: 11318
*NPI:* 1679521280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE
6945 EL CAJON BLVD
SAN DIEGO, CA 92115-1754
*Phone:* (619) 697-4600
*Fax:* (619) 697-2410
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**TONNU, ANH T , OD**
*Provider Gender:* Female
*License number*: 11318
*NPI:* 1679521280
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Vietnamese
*Cultural Competency:* Yes
WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111-3737
*Phone:* (858) 565-8822
*Fax:* (858) 565-2449
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**TRANG, CHAU H , OD**
*Provider Gender:* Female
*License number*: 9556
*NPI:* 1073671087
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* French, Spanish, Vietnamese, Chinese
*Cultural Competency:* Yes
CHAU H TRANG OD
6947 LINDA VISTA RD STE A
SAN DIEGO, CA 92111-6363
*Phone:* (858) 495-0592
*Fax:* (858) 495-0560
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* French, Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,W 10AM-4PM, F 10AM-5:30PM, SA 9AM-1PM

**TU, CHARLES, OD**
*Provider Gender:* Male
*License number*: 34618
*NPI:* 1073137691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**VAN HOOSE, PATRICK, OD**
*Provider Gender:* Male
*License number*: 6576
*NPI:* 1811024516
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* German, Spanish
*Cultural Competency:* Yes
ACKROYD AND VAN HOOSE OPTOMETRY
7246 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111-1007
*Phone:* (858) 292-7193
*Fax:* (858) 292-8247
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,F 8AM-5PM, TU-TH 9AM-6PM

**VIVIRITO, MARY, OD**
*Provider Gender:* Female
*License number*: 33798
*NPI:* 1477968667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
OPTOM-EYES VISION CARE OPTOMETRY
5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108-4348
*Phone:* (619) 295-2900
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender

Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

**VIVIRITO, MARY, OD**
*Provider Gender:* Female
*License number*: 33798
*NPI:* 1477968667
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
FASHION VALLEY EYE CARE OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108-1148
*Phone:* (619) 291-2020
*Fax:* (888) 210-5799
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-SA 10AM-7PM

**WESLING, PAUL J , OD**
*Provider Gender:* Male
*License number*: 10869
*NPI:* 1932130648
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
GOLDEN TRIANGLE OPTOMETRY
4009 GOVERNOR DR
SAN DIEGO, CA 92122-2522
*Phone:* (858) 453-0444
*Fax:* (858) 453-0471
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM

**YUEN, STEVEN T , OD**
*Provider Gender:* Male
*License number*: 10454
*NPI:* 1447289814
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Chinese
*Cultural Competency:* Yes
GOLDEN PLAZA OPTOMETRY
7330 CLAIREMONT MESA BLVD # A1
SAN DIEGO, CA 92111-1124
*Phone:* (858) 292-4498
*Fax:* (858) 292-0967
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Vietnamese, Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M-W,F,SU 10AM-7PM, SA 10AM-7:30PM

**YU, JEAN D , OD**
*Provider Gender:* Female
*License number*: 11789
*NPI:* 1861531535
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Tagalog, Chinese
*Cultural Competency:* Yes
NEOVISION OPTOMETRY
8137 MIRA MESA BLVD
SAN DIEGO, CA 92126-2601
*Phone:* (858) 689-9533
*Fax:* (858) 689-9515
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Tagalog, Chinese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU,TH,SA 10AM-5PM, W,F 10AM-6PM

## SAN MARCOS

**SKAY, RICHARD M , OD**
*Provider Gender:* Male
*License number*: 7649

*NPI:* 1639251945
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
RICHARD M SKAY OD
1903 W SAN MARCOS BLVD
STE 130
SAN MARCOS, CA 92078-3907
*Phone:* (760) 727-2211
*Fax:* (760) 727-2533
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-3PM

**TA, MINI P , OD**
*Provider Gender:* Female
*License number*: 15170
*NPI:* 1578955605
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
NEW OPTIX OPTOMETRY
640 GRAND AVE STE 101
SAN MARCOS, CA 92078-1207
*Phone:* (760) 736-0020
*Fax:* (760) 736-0019
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU-F 9AM-5PM, SA 9AM-2PM

**TRAN, MICHAEL D , OD**
*Provider Gender:* Male
*License number*: 14530
*NPI:* 1649524216
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
Vietnamese
*Cultural Competency:* Yes
NEW OPTIX OPTOMETRY
640 GRAND AVE STE 101
SAN MARCOS, CA 92078-1207
*Phone:* (760) 736-0020
*Fax:* (760) 736-0019
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish, Vietnamese
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* TU-F 9AM-5PM, SA 9AM-2PM

## SANTEE

**BOECK, CARL A , OD**
*Provider Gender:* Male
*License number*: 6620
*NPI:* 1588656151
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
German, Spanish
*Cultural Competency:* Yes
DRS BOECK AND SCHISLER OPTOMETRISTS
9621 MISSION GORGE RD STE 106
SANTEE, CA 92071-3802
*Phone:* (619) 449-2000
*Fax:* (619) 449-8303
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TH,F 9AM-5PM, TU 2PM-6PM

**SCHISLER, RONALD W , OD**
*Provider Gender:* Male
*License number*: 6791
*NPI:* 1346378742
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
DRS BOECK AND SCHISLER OPTOMETRISTS
9621 MISSION GORGE RD STE 106
SANTEE, CA 92071-3802
*Phone:* (619) 449-2000
*Fax:* (619) 449-8303
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TH,F 9AM-5PM, TU 2PM-6PM

## SPRING VALLEY

**CUMMINS JR, JAMES W , OD**
*Provider Gender:* Male
*License number*: 6016
*NPI:* 1568595791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JAMES W CUMMINS JR OD
9628 CAMPO RD STE C
SPRING VALLEY, CA 91977-1233
*Phone:* (619) 463-9318
*Fax:*
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 8:30AM-12PM

**CUMMINS JR, JAMES W , OD**
*Provider Gender:* Male
*License number*: 6016
*NPI:* 1568595791
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JOHN C FLEMING OD
9628 CAMPO RD STE C
SPRING VALLEY, CA 91977-1233
*Phone:* (619) 463-9318
*Fax:* (619) 463-9640
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

**FLEMING, JOHN C , OD**
*Provider Gender:* Male
*License number*: 8461
*NPI:* 1033192133
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JOHN C FLEMING OD
9628 CAMPO RD STE C
SPRING VALLEY, CA 91977-1233
*Phone:* (619) 463-9318
*Fax:* (619) 463-9640
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

**JOHNSON, CHRISTOPHER, OD**
*Provider Gender:* Male
*License number*: 15100
*NPI:* 1568861425
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:*
*Cultural Competency:* Yes
JOHN C FLEMING OD
9628 CAMPO RD STE C
SPRING VALLEY, CA 91977-1233
*Phone:* (619) 463-9318
*Fax:* (619) 463-9640
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

**KALRA, ANKUR, OD**
*Provider Gender:* Male
*License number*: 11898
*NPI:* 1124195789
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Hindi
*Cultural Competency:* Yes
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977-5628
*Phone:* (619) 466-9444
*Fax:* (619) 466-9314
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

**KEDDINGTON, JOAN, OD**
*Provider Gender:* Female
*License number*: 6263
*NPI:* 1992872691
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977-5628
*Phone:* (619) 466-9444
*Fax:* (619) 466-9314
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

**KING, MARY M , OD**
*Provider Gender:* Female
*License number*: 13711
*NPI:* 1578792107
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977-5628
*Phone:* (619) 466-9444
*Fax:* (619) 466-9314
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

**MENDOZA, MARLON, OD**
*Provider Gender:* Male
*License number*: 34896
*NPI:* 1578233359
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977-5628
*Phone:* (619) 466-9444
*Fax:* (619) 466-9314
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

**TOUBIA, ELIAS, OD**
*Provider Gender:* Male
*License number*: 33758
*NPI:* 1740701481
*Provider English Spoken:* Yes

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

*Provider Language(s) Spoken:* Arabic
*Cultural Competency:* Yes
EYE CARE OPTOMETRY ASSOCIATES
687 SWEETWATER RD
SPRING VALLEY, CA 91977-5628
*Phone:* (619) 466-9444
*Fax:* (619) 466-9314
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Arabic, Hindi, Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

## VALLEY CENTER

**CRUZ, MICHELLE C , OD**
*Provider Gender:* Female
*License number*: 33482
*NPI:* 1679926646
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* American Sign Language
*Cultural Competency:* Yes
VALLEY CENTER OPTOMETRY
29115 VALLEY CENTER RD STE E
VALLEY CENTER, CA 92082-6553
*Phone:* (760) 751-8771
*Fax:* (760) 751-8772
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 9AM-6PM, TU-F 9AM-5PM

**JOYCE, ROBERT J , OD**
*Provider Gender:* Male
*License number*: 11833
*NPI:* 1275585127
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
VALLEY CENTER OPTOMETRY
29115 VALLEY CENTER RD STE E
VALLEY CENTER, CA 92082-6553
*Phone:* (760) 751-8771
*Fax:* (760) 751-8772
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* No
*Hours:* M 9AM-6PM, TU-F 9AM-5PM

## VISTA

**DEMLINGER, GLENN M , OD**
*Provider Gender:* Male
*License number*: 8954
*NPI:* 1508932518
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Spanish
*Cultural Competency:* Yes
SHADOWRIDGE FAMILY VISION
741 SHADOWRIDGE DR
VISTA, CA 92083-7997
*Phone:* (760) 727-1844
*Fax:* (760) 727-3044
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:* Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):* No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TU,TH 9AM-6PM, W 7AM-5PM

**GEORGE, BRUCE D , OD**
*Provider Gender:* Male
*License number*: 7696
*NPI:* 1356414551
*Provider English Spoken:* Yes
*Provider Language(s) Spoken:* Korean, Spanish
*Cultural Competency:* Yes
BRUCE D GEORGE OD

# K. Directorio de proveedores de atención de la vista - Servicios de la vista

931 ANZA AVE STE B
VISTA, CA 92084-4531
*Phone:* (760) 758-2340
*Fax:* (760) 867-2222
*After Hours Phone:*
*Accepting New Patients:* Yes
*Site English Spoken:* Yes
*Site Language(s) Spoken:*
Spanish
*Min/Max Age:*
*Gender Restriction:* No Gender Restrictions
*American Sign Language (ASL):*
No
Please contact provider for Accessibility information
*Public transportation (within 1/2 mile from Site):* Yes
*Hours:* M,TH,F 9AM-5PM, TU,W 9AM-6PM

# L. Lista de médicos de atención primaria


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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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*Esta lista de proveedores de Blue Shield Promise puede cambiar en cualquier momento. Si desea obtener información actualizada, comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557. Los servicios de intérpretes son brindados por el Plan; comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557.*

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